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ROGA VIJÑĀN
AND
VIKṚTI VIJÑĀN

Dr. SUBHASH RANADE M. A. Sc.
AND
Dr. G. R. PARAMJAPE B. A. M. & S., A. V. P.

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PUBLICATION DIVISION, AYURVEDA COLLEGE
TRIVANDRUM

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ROGAVIJÑĀN AND VIKṚTIVIJÑĀN

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PREFACE

The insufficiency of subject based text books in the field of Āyurvēdic education was a grave problem confronted by students as well as teachers. Classics like Caraka Samhita, Suśruta Samhita and Aṣṭānga Samgraha and synopses like Aṣṭānga Hṛdaya and Mādhava Nidāna are written in Sanskrit. Their commentaries in mother tongue are rare too. Moreover the presentation of subjects in these books, written in the form of questionnaries and discussions, is not sequential. Hence to obtain complete knowledge of a particular subject the student has to refer to various portions of each book.

Since the establishment of Ayurveda College at Trivandrum in 1918 various courses as envisaged by the Āyurvēdic scholars of the periods, have been conducted. Vaidyakalānidhi, D.I.M., D. A. M., B. A. M; (integrated and Śudha) are such courses. None of these courses were recognised by other Universities in India. Likewise courses of Āyurvēdic studies offered by the other universities were not recognised by the University of Kerala. This created complicated problems in the way of aspirants seeking higher studies and job opportunities.

Consequently the central council of studies was convinced of a unified course of studies and standardised syllabus for the entire country. Thus came the proposition of a new course after much contemplation and discussions and this was to be the B. A. M. S. course. Even then the problem still remained that authoritative text books were not available. As a compensatory measure, subsequently Dr. M. P. Sreedharan Nair, Principal Ayurveda College, Trivandrum in collabora-

tion with the Editor, publication wing of the Ayurveda College, Prof. N. E. Muthuswamy, prepared a scheme of composing proper text books and submitted the same to the government for consideration and approval. The government accorded sanction to the above proposals and the first workshop for Text Book Writers in Ayurveda was conducted in February 1980. This book titled "Rogavijñān and Vikṛti Vijñān" is one of such texts written during the first workshop.

This book, the first of the series of Text book publication was prepared by Prof. Subhash Ranade, Vice-principal, Tilak Ayurveda Mahavidyalaya, Pune and Dr. Paramjape Senior Lecturer of the same institution. Dr. Ranade and Paramjape are authors of many Ayurvedic books. Their deep insight and ability to compose books are naturally reflected in this effort too. This book written in English was also translated into malayalam by Dr. C. R. Agnives, Lecturer, Kottakkal Ayurveda College, which is also simultaneously published. The Language polishing and beautification proficiencies of Prof. K. S. Narayanan Pillai, Research officer of the Kerala Language Institute were bestowed on this book.

This Text book which is prepared in accordance with the syllabus for the first part of kayaroganidana is indeed very helpful to the students of Ayurveda.

I wish to acknowledge and place my sincere gratitude to the services of my colleagues in the publication wing. They are Dr. G. Unnikrishnan M. D. (Ay.), Dr. A. Mohammed Salim B. Sc., B.A. M., and Dr. P. V. Jayanthy B. A. M. They deserve congratulations and praise. Their service by way of proof reading and correction are worthy to be applauded with.

Their consistant and energetic attitude in their work are specially remembered. We are thankfull to Dr. M. R. Vasudevan Nampoothiri for his services, though for a short period.

Our thanks are due to the sanskrit teachers Sri. S. Thulaseedharan Asari M. A., B.Ed., and Smt. C. Padmavathy Amma. M. A., M. Litt: B. Ed who have helped us to bring forth this edition a sucess. The service of the other members of the staff in the publication wing are rightly acknowledged with gratitude. During the first phase of the publication of this book Prof. K. Malathy M. D (Ay.) found some of her dear time to associate herself with our work of proof reading and provided us with valuable suggestions. I take it an opportunity to thank Prof. Malathy for her services. We are also greatful to Santhos printer, Trivandrum for their neat and prompt printing of the Text.

We have tried our very best to present this without errors. Still we do not this to be perfect. The erratum appended in the end will correct the errors due to printing mistakes. If there are shortcomings and limitations in this edition please point out them so that appropriate corrections could be incorporated in the next edition.

I am extremely happy to publish this book. This book which is useful to both Ayurvedic students and teachers is solemnly dedicted to the field of Ayurvedic Science.

Sd/-

Dr. K. P. Sreekumari Amma
Editor, Publication Division
Ayurveda College

Trivandrum
8-1-1984

INTRODUCTION

My career since 1957 has enabled me to realise the incongruities of Āyurvēdic education. My services in different departments of the Āyurvēda College, Trivandrum has prompted and encouraged me to go deep down into the core of the problem. As principal of the Āyurvēda College, I could feel intensely the severity of the defects and imperfections of the Āyurvēdic education. It was at this stage that I received orders from the Government incorporating Ayurvedic education in the five year plan and to submit proposals for improving Āyurvēdic education. Subsequently a Project Report was submitted suggesting implimentation of forty different schemes of studies with far reaching results which would rejuvenate and improve the efficacy and prestige of Āyurvēdic education. The government have kindly consented permitting different projects to be included in every financial year. The workshop for text book writers in Āyurvēda is one among such projects. This book entitled "Rōgavijñān and Vikṛti Vijñān" is the result of the workshop of text book preparation.

From ancient times education in different fields was practised in the Gurukula system in India. Āyurvēdic education was no exception. In this system the learner or disciple lived with the Guru for a period of ten to fifteen years pleasing the Guru and his household, submitting himself to the whims and fancies of the Gurukula to learn Āyurvēda. Here, it should be noted that the choice of the Guru as well as the student was strictly personal or in other words the teacher selects the student and vice versa.

The noble teacher Caraka has laid down principles for

the selection of an ideal student as follows :-

"... praśāntamāryaprakṛtikamaksudrakarmāna ṛjucaksurmukhanāsāvamsām tanuraktaviśādajihvamavikrtadan taustāmaminminam, dhṛtimanthamanahamkṛtam, medhāvi nam vitarka smrtisampannamudārastvam tadvidyakulajam adhavātadvidyāvṛttam tatvābhinivēśinamavyamgamavyāpa nnendriyam nibrtāmanudhathamardhatatvabhāvakama kōpanamavyasaninam śīla śoucācārānuragadāksya prādāksin yopapannamadhyayanābhikāmamardhavijñāne karmadr śane cānanyakāryamalubdhamanalásam sarvabhūtahitaiṣiṇam ācārya saṛvānusiti pratikarmamanuraktam ca evam guṇasamu ditamadhyāpyamāhu".

Standards of selection of the teacher goes thus :-
......paryavatāśṛutam paridstakarmāṇam, dakṣam, dakṣa mdaksinam sucim jitahastamupakaranavantam sarvendriy ōpapannam pṛaktijñam pratipattijāmanupakṛtavidya mana hamkrîltlama "nassūyakamakōpanam, kleśakṣamam śiṣyavat salamadhyāpakam jñāpanasamartham ceti."

Thus with mutual understanding and recognition students who become submissive in all ways to Guru's will, completed their long term education bidding farewell to the teacher after offering suitable fee or Gurudakṣiṇa according to his capability. After that the student in his personal right would start practising as a qualified Vaidya or Physician with the blessings of the Guru.

It is believed that the 5th Century A. D. Vāgbhaṭācārya had visited Kerala and taught Āyuṛvēda with its eight branches to many and to the eight Vaidyas in particular. They are

Thycauttuśśeri, Pulamanthol, Olaśśa, Vayaskara, Vaidyamaṭham, Chirattamon, Alattur, and Kuttamcheri. These eight families who were well versed in all the eight branches of Āyurvēda were later known as the famous Ashtavaidyas. Their direct descendants and disciples and generations of disciples were responsible for keeping the chain unbroken in Āyurvēdic education in Kerala, Likewise in other parts of India great Āyurvēdic learned men had strived gracefully to root firmly Ayurvedic education in their respective areas. It is also highly essential to remember the services rendered by the stately Princes and Mahārājas of Travancore, Cochin, Hyderabad and Kashmir to preserve and propagate Āyurvēdic education in their regions.

Āyurvēdic education remained the same Gurukula system even when almost all other branches of knowledge shifted themselves to formal school education. Gradually formal schooling in Āyurvēda found its way in many of the states of India. In 1889 the first formal school of Āyurvēda came into existence in Trivandrum and also in Cochin. This was to teach Āyurvēda as a formal discipline outside the traditional Gurukulas or boardings. Sri. Kaviyoor Parameswaran Moothatu and Sri. Trikkovil Uzhathra Varier were the first two heads of Āyurvēdic education in formal institutions of Travancore and Cochin respectively. Later other parts of India responded to this change and Ayurvedic education in the formal style took shape. But even then in some of the states the minimum qualification was not strictly laid down nor observed. There was no similarity or unification regarding the nature of the courses too. The duration of the course varied from 3 years to 4 years and 5 years. And in one state itself diversified courses were offered based on various

parameters. There was no uniformity as regards to the syllabus followed, the duration, qualification of entrance and no standardised pattern of apprenticeship. Qualifying degrees or diplomas were distributed according to the discretion of the authorities concerned.

But this was not to be a permanent state of affairs. Reforms crept in as State Governments showed special interest in promoting Āyurvēdic education. They suggested new measures that rose out of much debate and discussion in different state and national levels. The recommendation of different committees formulated for the purpose of solving problems in Ayurvedic education were duly accepted. Committees like Chopra committee, Dave committee, pandit comittee, Uduppa Committee etc. appointed by govt. of India are some of them. After careful study of the reports and suggestions of these committees a unified ideal curriculam was accepted throughout the country. Subsequently the course known as B. A. M.S. came into being thorughout the nation during the academic year 1979-1980.

If one surveys the long history of Āyurvēdic education beginning from the Gurukula system to the formal institution system, one finds that text books in Ayurveda are insufficient or scarce. The system prevailed here was satisfied with Caraka Samhita, Suśruta Samhita, Aṣṭānga Samgraha, Aṣṭānga Hṛdaya, Bhāvaprakāśa, Śārngadhara Samhita etc. Most of the Samhitas or commentaries prevailed in ancient periods are not at all available now. Most of them have been kidnapped or illegally transported to foreign countries. Some of them were ruined and some others had been jealously guarded for

personal use. In any case these works which were to be used as one 'national wealth' were gradually ruined with out redumption. Effective measures to procure and preserve them were not yet concieved. But in states like Kerala steps are being taken care of in the right direction. There are various shortcomings in the implementation of the curriculam based on the existing available texts. We would never get a complete knowledge in all subjects if we refer to one book only. That is why the saying holds good that -

'Nidānē Mādhava śrēṣṭha
Sūtrasthānē tu Vāgbhaṭa
Śārīre Su śruta prōkta
Carakastu cikitsite...'

This shows that each book has its importance and relevance in a limited area rather than the whole area of Āyurvēda. So it goes without saying that a single book would not do for a student of the new course of B. A. M. S. He has to refer to different books to get a comprehensive idea in each subject. Moreover it is advisable to have subject based books for study in Āyurvēda as it is a common practice in other branches of discipline. Hence, books have to be specially prepared and should be made readily available. This is useful both from the point of view of the student and the teacher. Thinking on these lines the authorities and the Government were convinced that curriculam based texts are a must for Ayurvedic education.

In the event of the unified course of National basis, the problems of the Language of Text books for the course, and the authorship of the books were thought of deeply and it was felt

that a national level programme is a must for the preparation of such books. Preparation of books requires real aptitude. Inspite of scholarship without proper aptitude, one will find that the preparation of a text book is a very challenging job. It was decided to invite persons competent to write books from all Āyurvēda colleges of India and to select experienced hands from them so as to prepare text books in relevant subjects. It is decided to conduct four or five Text books writer's Workshop so as to prepare text books in all subjects. Texts are to be prepared in Sanskrit, Malayalam or English and later to be translated in the respective regional languages. This was to be the first step. Due to the non-availability of experts for the scrutiny, printing, proof reading production etc. of books we were confronted with unforeseen difficulties at various planes in the success of the project.

By referring to the approved text books in the prescribed syllabus viz Caraka Saṁhita, Suśruta Samhita, Aṣṭānga Sangraha, Aṣṭāngahṛdaya we have simplified them to suit to the changed requisites of the B. A. M. S. course. Appropriate original Sanskrit quotations are given as references below the relevant page. Based on the approved scheme of syllabus, but adjusting and accommodating to changing situations we have prepared this book. Things that are to be known to a student of Āyurvēdic medicine before the examines his patient are deal with briefly and precisely in the 19 chapter.

This book was written in English by prof. Ranande Vice Principal, Āyurvēda College Pune and G.R. Dr. paramjape Senior Lecturer of the same college. Language polishing and beautification was done by prof. K. S. Narayana Pillai, research officer of the Kerala Language Institute. This book was later

translated in to Malayalam by Dr. C. R. Agnives, Lecturer, Āyurvēda college Kottakkal which is published separately.

This book which is composed of all ancient important Āyurvēdic treatises to suit to modern requirements is useful to Āyurvēdic students and teachers. The difficulty of referring too many books is thus overcome by this single text.

This is the first humble attempt towards preparing curriculam-based texts. It is published in the same mood. We have tried our best to see that this book keeps up a high standard. Still we do not claim it to be perfect and beyond errors. We appeal to the elite of Kerala to read through the book and point out its defects and deformities. We wish to publish the next edition with corrections and reforms.

We are grateful to the govt. of Kerala for their approval and recognition of this project. We are for ever indebted to prof. S. B. Ranade and Dr. G. R. Paramjape who have composed the text. We extend our heartful thanks to them.

We are happy to extend our gratitude to Dr. C. R. Agnives who translated this book into Malayalam and to Prof. K. S. Narayana Pillai who polished its language and beautified it.

I am grateful to my colleagues and others connected with the workshop for their energetic co-operation which made this effort a success.

We place on record our gratitude to Santosh printers. Trivandrum for their neat and timely printing of the text.

I am happy to present, this book which is specially written in accordance with the new unified curriculam before the Central Government and the State Government for kind persual and recognition. Remembering the great Lord Dhanvanthari for his blessings, I present this book before the world of Ayurvedic science.

sd
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Principal
Ayurveda College
Trivandrum

Trivandrum
8-1-1984

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ABREVIATIONS

A. H.	Aṣṭāṅga Hrdayam
A. S	Aṣṭānga Samgraham
C. S	Caraka Samhita
Chakra	Cakṛa pāni
Ci.	Cikitsa Sthānam
I	Indriya Sthānam
K. S	Kāśyapa Samhita
M. N.	Mādhava Nidānam
Madhu	Madhukōśa Vyākhya
Ni.	Nidāna Sthānam
Sa.	Śārīra Sthānam
Si.	Sidhi Sthānam
S. S	Suśṛutha Samhita
Su.	Sūtṛa Sthānam
Vi.	Vimāna Sthānam

CHAPTER 1

THE IMPORTANCE OF DŌṢA DHĀTU MALA - VIKṚUTI VIJÑĀNA

Acquaintance with 'Vikṛuthi-Vijñāna' is important for both the 'Vaidya' and the patient because the aim of the 'Vaidya' as well as that of the patient is to establish 'Dōṣa-Sāmya' in the body by curing its pathological condition, i.e, 'Vikṛuthi'. In Āyurvēda all the constituents of body have been classified under three different categories, viz., Dōṣa, Dhātu and Mala. Hence a knowledge of Vikṛuthi means an understanding of the Vikṛuti occurring in Dōṣa, Dhātu and Mala. The subject Vikṛuti Vijñāna ie. Pathology, enables us to get a precise knowledge of the Vikruti of Dōṣa, Dhātu and Mala.

Each system of medical science in the world has described the nature of Vikṛuti and Swāsthya, i.e., pathological condition and health according to its own concepts. The philosophy and hypothesis of each science differ from those of others and hence each science has described the fundamental elements of the Universe, the creation and development of the Universe, in its own way. Similarly the method adopted by it for classifying the body constituents is also different from those of others. The object of every medical science is to establish swāsthya in the human being; but the approach for the same differs from science to science. Caraka has explained the reason behind it as follows:

"The basic aim of the concepts and fundamental principles of all the sciences is to estabilish happiness in the human being. But a correct and thorough knowledge of the

basic principles of the Universe and the human body leads to the correct path to happiness, while deceptive knowledge leads to the wrong path".[1] Here Caraka suggests that the correct path of understanding Vikṛuti and Swāsthya can be attained only through a knowledge of Dōṣa, Dhātu and Mala. Any other approach will lead to the wrong path.

The capacity of the human intellect (Buddhi) to attain knowledge has limitations and knowledge itself is relative. The intellect becomes blunt when it tries to go beyond relative knowledge. Therefore the concept of Vikṛuti can be understood only in relation to 'Pṛakṛuti'.

To understand a particular thing is to understand its nature in relation to that of other things, that is to say that we understand its similarity to the difference from other things. Vaiśēṣika term these aspects as 'Sāmānya' and viśēṣa respectively. The prominent difference, ie. viśēṣa, is understood quickly by the senses and the intellect. But to understand a feeble viśēṣa alertness of mind and sharpness of the sense are essential. The following example will clarify this fact. Our vision is capable of easily differentiating the yellow colour from the red as this difference is a conspicuous viśēṣa. But for differentiating the various shades of red colour, the vision has to be extremely sharp as this is a case of feeble viśēṣa.

In our day-to-day life also, we differentiate one thing from another by understanding either the prominent or minute differences between them. In the process of this differentia-

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1. सुखार्थः सर्वभूतानाम् मताः सर्वा : प्रवृत्तयः ।
ज्ञानाज्ञानविशेषात्तु मार्गामार्ग प्रवृत्तयः ॥ C. S. Sū. 28/35

tion, we take into consideration the differences exhibited by a particular thing from others both in quality and action. Threfore when we define a particular thing we are really defining its qualities and action. This is known as Lakṣaṇa. Hence it is clear that whenever we try to understand vikṛuti, we really try to understand the vikṛuta lakṣaṇās of Dōṣa, Dhātu and Mala in relation to the normal or Prakṛuta lakṣaṇās. When the prominent and opposite qualities (Guṇas) of a substance are mixed up in such a way that they mask each other, they cannot be recognised by the normal senses. In such a condition unless and until we analyse the substance we are unable to differentiate the opposite qualities. For example, the groundnut consists of a mixture of an oily substance and a dry husky substance. When we crush the groundnut we are able to seperate these two and then only we recognise the 'snigdha' (Oily) and the 'rūksa' (dry) dravyās present in the groundnut.

What we call vikruti, is also a 'Viśēsa' and we understand it only in relation to Swasthya which is a 'Sāmānya'. When lakṣaṇās of vikṛuti are prominent and not masked we can identify them very quickly. But when the lakṣaṇās are feable or masked we have to adopt a process of analysis for the purpose of diagnosis. Very often this also becomes impossible. In regard to such cases Caraka has given a logical approach for diagnosis. "When the symptoms or the pathology of a disease is masked and hence unrecognisable one should adopt a trial and error method of treatment, i.e. Upasaya and Anupaśaya."[2]

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2. गूढलिंगं व्याधिं उपशयानुपशयाभ्यां परीक्षेत । C.S. Vi. 4/8

We have seen that vikṛuti is to be recognised in relation to swāsthya. Hence before dealing with vikṛuti we must understand the correct lakṣaṇās of swāsthya. Suśṛuta has nicely defined the lakṣaṇās of swāsthya as follows:- "Samatva or equilibrium of the actions of Dōṣa, Dhātu, Mala and Agni accompanied by a sensation of well being., i.e, prasannatva of Ātma, Mana and the Indriyas."[3] It is interesting to note that no other medical science in the world has defined swāsthya in such a lucid manner.

Swāsthya being a State of sāmānya or sāmya, it is unrecognisable in our daily life., unless it is distributed and some viśēṣa or vaiṣamya is produced. Here we have to note that vaiṣamyas fall under two categories—one is physiological and the other pathological. In our daily life we feel the sensations of hunger, sleep, anger, lethargy etc. All these conditions are different states of vaiṣamya belonging to the physiological category; because these are the results of normal diurnal variations of Dōṣa, Dhātu, Mala and Agni. Similarly changes occurring as a result of variations of Rutu, Age etc. are also considered as cases of physiological vaiṣamya. As these changes do not lead to any pathological change in body, they form part of swāsthya or Pṛakṛuti. But that is not the case with symptoms like an inflamed throat, pain in the abdomen, headache, fever etc. These symptoms are produced by some pathological condition which is vaiṣamya in its real sense and hence they come under vikṛuti.

Sometimes the nature of vikṛuti is so subtle that it can

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3. समदोष : समाग्निश्च समधातुमलक्रिय : ।
प्रसन्नात्मेंद्रियमना : स्वस्थ इत्यभिधीयते ॥ S. S. Sū 15/41

not be pointed out like pain, fever etc. One feels only a sensation of "disturbed well being" and one says `I am not feeling well'. This subtle vaisamya is termed `Apṛasannēndriyatva' by Suśṛuta. He says that an intelligent vaidya should trace out the pathology of Dōṣhas by adopting the correct logical approach after taking `apṛasannēndriya tva' [4] into consideration. Thanks to the advanced techniques developed by Modern Science., the vaiśamyas of a subtle nature can also be traced out by means of several pathological investigations such as biopsy of the tissues and bio-chemical investigations of blood, urine, faeces etc. This advancement has been achieved only during last 30-40 years. Before that the only thing relied upon by physicians for tracing out subtle vaiṣamya was the knowledge of the 'apṛasannēndriyatva' described by the patients concerned. Unfortunately unskilled physicians neglect the guidelines for such diagnosis and consider the apṛasannēndriyatva as a vague psychological complaint made by the patient. A good physician or vaidya should take cognisance of this symptoms, and do the pathological investigations necessary to trace out the correct nature of vikṛuti or pathological changes occurring in Dōṣa, Dhātu and Mala.

In this connection we have to emphasize one more point: When a patient complaints of 'apṛasennēndriyatva' and yet no abnormal findings are detected in the pathological investigations, one should not conclude that there is no vikṛuti. The changes that are untraceable now may become traceable

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4. दोषादीनां तु असमतांअनुमानेन लक्षयेत् ।
अप्रसन्नेंद्रियं वीक्ष्य पुरुषं कुशलो भिषक् ॥ S.S. Sū. 15/39

with the advancement of the technology of investigation.

Normally a patient approaches a vaidya only when he feels something abnormal. But some times a patient may not feel any abnormality though there is a hidden pathological condition in his body. Fortunately there is an increasing tendency among the people to approach a vaidya for investigating such hidden pathological conditions which are not felt by them for instance they come forward for a check up of blood-pressure, urine or blood. In fact it is extremely desirable to trace out the vaisamya in its early stages when the pathological condition is not manifested in its full form.

A good Ayurvedic physician should be able to utilize the advanced techniques of pathological investigation in regard to Dōṣa-Dhātu-Mala vikṛuti. To achieve this he must have a thorough knowledge of Vikṛuti-Vijñān relating to Dōṣa, Dhātu and Mala as well as a knowledge of the modern methods of pathological investigation. The expertise of a vaidya depends on this knowledge and people usually prefer approaching such an eminent vaidya to consulting ordinary practitioners.

We have already seen that vaisamya exists on two different levels, namely physiological and pathological. While dealing with the pathological vaisamya or abnormality one should take into consideration all the various factors. Vāgbhata has suggested the examination of ten important factors, namely, Dūṣya, Dēsa, Bala, Kāla, Anala (Agni), Prakṛuti, Vayas (Age), Satva (mind), Sātmya (tolerance), Ahāra (food and Avasthas (stages) of Dōṣas.[5] Vāghbhata says that a vaidya who takes into consideration the variations which occur in all

these factors never fails in his diagnosis and treatment. The degree of importance that can be assigned to the 'Vaiṣamya' of a particular Lakṣaṇa must be decided after considering all these factors. For example, the pulse rates of persons of vāta, pitta and kapha prakrutis differ from each other physiologically. A Pulse rate of, say, 90 per minute in a kapha prakruti person may indicate some vikruti, while the same pulse rate in a pitta prakruti person will be absolutely physiological with a slight increase in pitta dōṣa. If one does not take such factors into consideration one may misread a normal state as a serious one or vice-versa.

Vikruti is usually manifested by some abnormal signs and symptoms or lakṣaṇas. But, even before its manifestation, vikruti exists in a hidden form. Lakṣaṇa and vikruti are two entirely different things, Vikruti is the cause (Kārana) and lakṣaṇa is its effect (Karya). While diagnosing a disease we should find out the cause with the help of the lakshana by means of 'Anumāna pramāṇa'. Pathological investigation will be helpful for the same. Certain lakṣaṇas are of such a nature that they disturb the patient considerably even though their relation with the underlying vikruti may not be important. Certain other lakṣaṇas may appear to be insignificant to the patient, while they are significant from the point of view of vikruti. Hence a vaidya should be able to decide how much importance should be attached to particular lakṣaṇa while

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5. दृष्यं देशं बलं कालं अनलं प्रकृतिं वय : ।
सत्वं सात्म्यं तथाऽहारम्अवस्थाश्च पृथग्विधा : ॥
सूक्ष्मसूक्ष्मा : समीक्षैषां दोषौषधनिरूपणे :
योवर्तते चिकित्सायां न स : स्खलति जातुचित् ॥ A.H. Sū. 12

diagnosing the vikṛuti.

An ordinary vaidya may prescribe chikitsa after taking lakṣaṇas alone into consideration. But this does not mean that he has understood the underlying vikṛuti. Hence it becomes merely a symptomatic treatment. A good physician should understand the exact nature of the vikṛuti in Dōṣa, Dhātu and Mala from a study of the laksanas or thorough investigations. Hence a thorough knowledge of vikṛuti vijñān is absolutely essential. An example will illustrate this point. A female patient may complain only about panduta (paleness), śṛamasvāsa etc. without revealing the history of 'Atyāṛtava'. Here the vaidya should ask for specific information regarding Atyāṛtava and if it is there, he should further investigate the vikṛuti of rajaupadhātu and treat it accordingly.

Suśṛuta has described six stages of vikṛuti, viz. caya, pṛakōpa, pṛasara, sthānasamśṛaya, vyakti and bhēda.[6] Among these stages sthanasaṃsraya avastha is very important because here Dōṣa - Dūṣya - Sammuṛchana takes place and vikṛuti in its real form comes into existence. Two factors are important in this context, viz. (1) Dōṣa-pṛakōpa and (2) Dūsya vaigunya. To recognise these two factors it is Dhātu and Mala vikṛuti. A knowledge of Dōṣa vikṛuti will be useful in preventing Dōṣapṛakōpa and a knowledge of Dhātu vikṛuti will enable us to improve Dhātu-bala by using Rasayaṇas and by increasing Vyādhikṣamatva.

With the help of modern methods of pathological investigation we can trace out the nature of Dōsa - Dhātu Mala

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6. संचयं च प्रकोपं च प्रसरं स्थानसंश्रयम् ।
व्यक्तिं भेदं च यो वेत्ति दोषाणां स भवेद् भिषक् ॥ S.S. Sū. 21/36

vikṛuti. The following investigations will be helpful. (1) The physician may examine the substances excreted through the natural outlets., viz, purīsa, mūtṛa, stīvana etc. (2) He may extract substances like Rasarakta Dhātu, Pitta dōṣa, Taṛpaka Kapha (Cerebro-spinal fluid) etc through aspiration and examine them. (3) He may take out small pieces of dūṣya for microscopic examination (biopsy test). (4) Similarly he may examine the rūpa and vaṛṇa of the dhātus and organs with the help of different instruments such as gastroscope and bronchoscope. (5) He may resort to X rays CAT scanners which give an exact idea of cases of Dōṣa-Dhātu vikṛuti such as haemorrhage, cavity or new growth.

Vātadōsha has intimate relationship with all dhātus. The cause of Vātapṛokōpa may be either (1) dhātukṣaya or (2) mārgāvarōdha, i.e. obstruction in the dhatus and sṛōtas caused by substances like āma and kapha. The method of treatment of these two categories is not only different but also contradictory. Hence a knowledge of vikṛuti vijñāna is essential to identify these conditions.

Āyuṛvēda has had a knowledge of kṛimivijñāna eversince the vedic period. Susṛuta has also stressed the importance of kṛimis as a prominant vyādhi-hētu, especially in the case of communicable or infectious diseases.[7] Taking into consideration the developments in modern bacteriology also, the vaidya should understand the role of bacteria as an impor-

7. प्रसंगात् गात्रसंस्पर्शात् निश्वासात् सहभोजनात् ।
सहशय्यासनाच्चापि वस्त्रमाल्यानुलेपनात् ॥
कुष्ठं ज्वरश्च शोषश्च नेत्राभिष्यंद एव च ।
औपसर्गिकरोगाश्च संक्रामन्ती नरान्नरम् ॥ S. S. Ni. 5/33

tant vyādhi-hētu, and study the vikṛuti caused by them in Dōsha, Dhātu and Mala.

Dōṣa pṛakōpa may produce organic changes in different sṛōtas and dhātus, such as inflammation, degeneration, atrophy, new growths etc. To understand these changes morbid anatomy of dhātus and sṛōtas must be studied.

Vikṛuti vijñāna provides us with information about the etiological factors hētus, pathological states and lakṣaṇas of Dōṣa, Dhātu and Mala, the six stages of sampṛāpti, the importance of āma and agni, the importance of vyādhikṣamatwa the nature of ´sṛōto-vikṛuti and many other things. In the following chapters we propose to deal with all these factors in detail.

CHAPTER 2

2. NATURE OF VYĀDHIHĒTU

Before dealing with vikṛuti proper one has to take into consideration the nature of the etiological factors of vikṛuti in general. Āyurvēda has evoloved a set of very fundamental and universal concepts about the etiological factors or Vyādhihētus. Apart from explaining the particular etiological factors of each particular vyādhi, Āyurvēda has identified three main hētūs as being responsible for all sorts of diseases and ill health. They are Asātmya - indriyārtha - samyōga, Prajñāparādha, and Pariṇāma.[1]

1) ASĀTMYA INDRIYĀRTHA SAMYŌGA:

The human sense organs, viz. srōtra, cakṣu, sparśa, rasana and ghrāṇa, being the organs of hearing, vision, tactile

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1)

i) त्रिविधो वा, असातमयेन्द्रियार्थसंयोग प्रज्ञापराध परिणामभेदात् । M. N.

ii) कालबुद्धीन्द्रियार्थानां योगो मिथ्या न चाति च ।
द्वयाश्रयाणां व्याधीनां त्रिविधो हेतुसंग्रह : ॥ C. S. Sū. 1/54

iii) धीधृतिस्मृतिविभ्रंश : संप्राप्ति : कालकर्मणाम् ।
असात्म्यार्थागमश्चेतिज्ञातव्यादु:खहेतव : ॥ C. S. Sū 1/98

iv) कालार्थकर्मणां योगो हीनमिथ्यातिमात्रक : ।
सम्मग्योगश्च विज्ञेयो रोगारोग्यैककारणम् ॥ A. H. Sū . 1

v) इत्यसात्म्यार्थसंयोगस्त्रिविधो दोषकोपन : ।
असात्म्यमिति तद्विद्याद्यन्नयाति सहात्मताम् ॥
मिथ्यातिहीनयोगेभ्यो यो व्याधिरुपजायते ।
शब्दादीनां स विज्ञेयो व्याधिरैन्द्रियको बुधै : ॥ C. S. Śā 1/127-128

sensation, taste and smell respectively, keep regular contact with the world outside so as to receive sensations relating to arthas or viṣayas like sound (Śabda), colour and form (rūpa), touch, pain, temperature (sparśa), taste (rasa) and smell (gandha). This contact is expected to be conducive to the maintenance of svāsthya: Such a contact or yōga is called 'samyak yōga, i.e., proper contact. When the contact is not proper in the above sense it is called 'Asātmya, indriyārtha samyōga' or incompatible correlation of the senses with their objects. There are three types of improper yōga: (i) hina yōga (ii) mithyāyōga and (iii) ativōga [2] i.e defective, perverted and excessive contacts.

Mere existence of indriyās and viṣayas without any mutual contact does not result in 'sensations like pleasure and pain, ie. sukha and dukha. Ṣamyak yōga or proper contact is responsible for sukha while the three types of asamyak yōga, i.e. asātmya yōga, are responsible for dukkha[2] or vyādhi. Hence we shall consider these three in detail. (i) Hīnayōga or Ayōga means negligible contact or no contact at all (Caraka Sū. 1/54, commentary by Cakrapāṇi) (ii) Mithyāyōga means contact of indriyās with vikrita or unnatural viṣayās. (iii) Atiyōga means excessive contact. Caraka has elaborately described these three types of abnormalities in relation to all the five indriyās. The three types of improper contact pertaining to each of the five sense organs are listed below:

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2. नेन्द्रियाणि न चैवार्थाः सुखदुःखस्य हेतव : ।
हेतुस्तु सुख दुःखस्य योगो दृष्टश्चतुर्विध : ।
सन्तीन्द्रियाणि सन्त्यर्था योगो न च न चास्ति रुक् ।
न सुखं, कारणं तस्माद्योग एव चतुर्विध : ॥

C. S. Sā 1/130-131

1. ŚRŌTṚĒNDRIYA:[3] (Sense organs for hearing):

i) Hīnayōga: The hearing capacity of human śṛōtṛēndriya is restricted to a certain range of the frequency of sound. When we try to hear a sound of very low frequency like a mandra swara, a whispering sound or a feeble sound coming from a distance, it causes strain to śṛōtṛēndriya. Complete absense of contact between the indṛiya and sound may lead to serious mental as well as physical disturbance. This phenomenon has been observed in tests carried out to select persons for space travel. Once of the tests is to keep the person in an atmosphere which is totally devoid of sound for a long time. It was found that some persons developed mental and physical disorders due to this ayōga of śrōtṛēndṛiya.

ii) Mithyāyōga: Listening to unpleasant sounds or to words and sounds which cause mental irritation is mithyāyōga.
iii) Atiyōga: Listening to sounds of higher frequencies or continuous exposure to sound for a long time. Atiyōga also produces mental as well as physical disorders. One of the techniques employed for extracting secret information from soldiers, criminal spies etc. consists of subjecting them to very harsh or high-frequency sound. It is observed that such sound

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3)

i) अत्युग्रशब्दश्रवणाच्छ्रवणातत्सर्वशो न च ।
शब्दानां चातिहीनानां भवन्ति श्रवणाज्जडा : ।.
परुषोभ्दीषणाशस्ताप्रियव्यसनसूचकै : ।
शब्दै : श्रवणसंयोगो मिथ्यासंयोग उच्यते ॥ C.S. Śā 1/118-119

ii) तथाऽतिमात्रस्तनितपटहोत्कृष्टादीनां शब्दानामतिमात्रं
श्रवणमतियोग :, सर्वशोऽश्रवणमयोग :, परुषेष्टविनाशोपधात–
प्रधर्षणभीषणादिशब्दश्वरणं मिथ्यायोग : । C. S. Sū 11/37

becomes so unbearable to the victim that he is forced to give out the secret. Even death due to cerebral haemorrhage might happen under these conditions and this can be explained only as an effect of such sound.

In industrial and urban areas people come in regular contact with the noise produced by aircrafts, trains and other vehicles as well as with the sound of machinery. Such sounds not only cause mental and physical disturbances but also lead to deafness. Statistical observations reveal that the life expectancy of persons living in such surroudings are getting reduced.

2 SPARŚANĒNDRIYA[4] (Sense organ for tactile sensations)

(i) Hīnayōga: The sparśanēdriya is spread over the whole body, ie every part of it expecting hair, nail, faeces,

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4)

i) असंस्पर्शोऽतिसंस्पर्शो हीनसंस्पर्श एव च ।
स्पृश्यानां संग्रहेणोक्तः स्पर्शनेंन्द्रियबाधक : ।
ये भूतविषवातानां अकालेनागतश्च य : ।
स्नेहशीतोष्णसंस्पर्शो मिथ्यायोग : स उच्यते ॥ C. S. Sā 1/120
(भूता : = सविष कृमिपिशाचादय : ।) Chakrapani

ii) तथाऽतिशीतोष्णानां स्पृश्यानां स्नानाभ्यङ्गोत्सादानादीनां
चात्युपसेवनंअतियोगः, सर्वशोऽनुपसेवनमयोगः, स्नानादीनां शीतोष्णादीनां
च स्पृश्यानामनानुपूर्व्योपसेवनं विषमस्थानाभिधाताशुचिभूतसंस्पर्शादयश्चेति मिथ्यायोग : ।
C. S. S

urine and other excretory products.[5] But in connection with hīnayōga, only the external surface of the skin is taken into consideration. Āyurvēda advises people to apply oils and herbal powders by way of abhyanga and udvartana. Insufficient application as well as non-application of these things results in hīnayōga.

(ii) Mithyāyōga: The external skin as well as the membrane lining the respiratory and intestinal tracts come in contact with various substances. Some of these may produce harmful effects : e.g., contact with poisonous subtances, substance which cause allergy; contact with irritants like tobacco, alcohol, chemicals, paints or substances derived from tar. Allergic substances produce various skin disorders or anaphylactic reactions and irritants possess carcinogenic properties which may produce malignancy in persons who come into regular contact with such substances . People working as compositors in printing establishments come into contact with lead continously and, as a result of it, they are likely to suffer from lead poisoning. The skin and the lining membrane of internal organs come into contact with various types of viruses, bacteria and protozoa.[6] While writing a commentary on Caraka śārīra 1/120, Cakrapāni explains the meaning of Bhūtah in terms of pathogenic organisms.

iii) Atiyōga: The touch sensation produced by substances of the group of prithvi, jala, tēja, vāyu, and ākāśa, ie those which may be described as solid (khara) liquid (drava),

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5) तत्रैकं स्पर्शनमिन्द्रियाणामिन्द्रियव्यापकं, चेतः समवायि, स्पर्शनव्याप्तेर्व्यापकमपि च चेत, तस्मातत्सर्वेन्द्रियाणां व्यापकस्पर्शकृतो यो भावविशेष : । C.S. Sū 11/38

6) भूता = सविषकृमिपिशाचादय : । (Chakra.) C. S. Sā 1/128

hot (uṣṇa), moving (cala) and absolutely devoid of resistance (apratighāta) respectively; the effect of extremely rough objects which come into contact with the skin at a very high speed and cause injuries; eg. bullets, stone weapons etc; the touch of extremely hot or cold substances these may be included in atiyōga of the sparśanēndriya.

Persons employed under very cold climatic conditions, those staying in damp places and those working in cold water develop diseases like rheumatism, arthritis, oedema etc. Similarly persons exposed to severe heat like that of furnaces and radiation not only develop skin diseases but also suffer several organic and functional disorders like acidity, peptic ulcers and sterility. Persons travelling continuously in high speed vehicles or coming into continuous contact with vibrating objects develop vātavyādhi due to dhātukṣaya.

3. CAKSURINDRIYA [7] (Sense organ for vision)

(i) Hīnayoga: continuous stay in darkness: reading in a very dim light which causes strain to the eyes; observing very minute things; or using a microscope for a long time.

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7)

i) रूपाणां भास्वतां दृष्टिर्विनश्यत्यतिदर्शनात् ।
दर्शनाच्चातिसूक्ष्माणां सर्वशाश्र्याप्यदर्शनात् ।
द्विष्टभैरवबीभत्सदूरातिश्लिष्टदर्शनात् ।
तामसानां च रूपाणां मिथ्यासंयोग उच्यते ॥ C. S. Sā 1/122-123

ii) तत्रातिप्रभावतां दृश्यानामतिमात्रं दर्शनमतियोग :,
सर्वशोऽदर्शनमयोग :, अतिश्लिष्टातिविप्रकृष्टरौद्रभैरवाद्भुत
द्विष्टबीभत्सविकृतवित्रासनादिरूपदर्शनं मिथ्यायोग : । C. S. Sū 11/37.

(ii) Mithyāyōga: Viewing objects from a distance of less than six inches (Atiślistam) or from a very long distance (Ativiprakristam); observing fearful or hideous things (Rudram), gigantic or horrible things like tiger, lion etc., things which we hate and abnormal, crippled, or damaged objects. All these unnatural contacts of the cakṣurindriya either cause diseases which damage the eye-sight or produce various mental disturbances. One more important type of mithyāyōga is to view solar eclipse with the naked eye. It damages vision compeletely and forever. Vāgbhaṭa has emphasised this point while giving the guidelines for day to day behaviour (Dinacarya).[8]

(iii) Atiyōga: Viewing very bright things such as the sun and watching the welding process, movies or television from very short distance.

4. RASANĒNDRIYA (Sense organ for taste)[9].

i) Hīnayōga: Eating and drinking in quantities below requirement; eating things which do not provide the body with essential constituents in sufficient quantities; and not taking food for at all. All these things will lead to deficiency disease (Apatarpanōtha Vyādhi).

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8) अर्केन्दुपरिवेषोल्काशतक्रतुधनुषि च । A. H. Sū 3/04

9) i) अत्यादानमनादानमोकसात्म्यादिभिश्च यत् ।
रसानां विषमादानमल्पादानं च दूषणम् ॥ C. S. Sū. 1/134.

ii) तथा रसानामत्यादानमतियोग : सर्वशोऽनादनमयोग : मित्यायोगेरा[illegible]
वर्ज्येष्वाहारविधि विशेषायतनेपूपदेक्ष्यते ॥ C. S. Sū. 11/37.

ii) Mithyāyōga: Taking diet in a manner contradictory to instructions regarding hygienic life (Swastha Carya). For a detailed description turn to the chapter on 'hitānna'.

Another type of mithyayoga is to eat contaminated or adultrated food which will cause various kinds of infections or metabolic disease. In view of the increased possibilities of contamination and adultration of food materials one must be very alert about this type of mithyāyōga in modern times.

iii) Atiyōga: Eating excessive quantities of food without requirement. This cause diseases like obesity, diabetes etc. (Santarpaṇotha Vyādhi) and may also result in dōṣaprakōpa depending on the particular taste (rasa) of the food material.

5. GHṚĀNĒNDRIYA (Sense organ for smell)[10]

i) Hīnayōga: insufficient or feeble contact between the odour and the organ of smell.

ii) Mithyāyōga Exposure to the smell of putrifying matter, poisonous materials or substances polluted by poisonous materials (viṣa dwiṣṭa) and to smells which are not healthy in the particular season (Anārtava). The smell emitted by a dead

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10) i) पूतिभूतविषद्विष्टा गन्धा ये चात्यनार्तवा : ।
तैर्गन्धै : घ्राणसंयोगो मिथ्यायोग : स उच्यते ॥
अतिमृद्वतितीक्ष्णानां गंधानामुपसेवनम् ।
असेवनं सर्वषश्र्व घ्राणेन्द्रियविनाशनम् ॥ C. S. Sā 1/126-127

ii) तथाऽतितीक्ष्णोग्राभिष्यंदिनाम्गंधानाम् अतिमात्रं घ्राणमतियोग :
सर्वशोऽघ्राणमयोग :, पूतिद्धिष्टामेध्याक्लिन्नविषपवनकुणप
गंधादिघ्राणं मिथ्यायोग : ॥ C. S. Sā 11/37

body when it is either in a putrifying condition or being burnt is an example.

It is observed that putrifying objects and substances having bad or obnoxious smells (durgandha) are not generally conducive to health. The sense of smell helps us in determining whether a particular substance is helpful or harmful to the body. Substances having had smell play a significant role in air pollution. Now a days the hazards of air pollution has become very common, especially in big and industrial cities. In such places the rate of occurence of disease, especially those of respiratory tract, is very high. Industrial effluents also play a major role in it. The presence of overcrowded slums abnormal increase in population, scarcity of residential accomodation, unhygienic behaviour of the common people and their lack of civic sense-all these contribute to pollution of the environment which results in mithyāyōga of the ghrānēndriya.

iii) Atiyōga: Contact with pungent and irritating smells similar to those of chemicals, like, ammonia, nitric acid, and sulphur (Atitīkṣṇa), very strong odours (Ugra gandha) like that of union which causes watering of the eye, and nauseating, smells such as those of toddi, sura, wines.

From the above we understand that normal contact of sense organs with the object of their respective sensations is conductive to the maintanance of health. This is described as proper contact or 'Samyakyōga.' The three types of improper contacts result in various diseases. The capacity of our sense organs to receive sensations is subject to certain limitations and this strength or capacity is directly related to the strength

of the relevant tissues (dhātu bala). Improper contacts lead to the weakening of the tissues. Sensations often give us pleasure and help us avoid causes of pain, and hence we have a tendency to strive for sensations. But sensations which give momentary pleasure are not always helpful to the preservation of health. Therefore one must look at the question of sensations from the point of view of health and not from that of pleasure alone.

Such an attitude will prevent hīna, mithya and ati yōgās.

Improper contacts by the sense organs of hearing and vision result mainly in deformity and disease of those organs. In the case of the skin and the internal lining membrances improper contacts may lead to pathogenic infections or entry of toxic and other harmful substances. Improper contacts by the organs for smell and taste will cause dōṣapṛakōpa janya, i.e., metabolic, infective and such other diseases.

According to the Āyurvēdic concept, the sense organs consists of the essence or potential material of the body constituents derived from pāncabhautic substances. Frequent occurrence of improper contact will lead to damage and loss in these constituents. This will not only result in deformities of the sense organs but may also produce adverse effects on any one of the body systems in the long run. As already stated, atiyōga of the organs of hearing and the tactile sensation resulting from contact with abnormal vibrations or with the movement of fastgoing vehicles may reduce the lifespan. Similarly improper contact of the cakṣurindriya may cause disorders like pittadōṣa and affect the functioning of the liver,

the enzyme systems etc., because cakṣurindriya and these organs are formed of tēja tatva elements. It will be very interesting to find out the nature of these effects through investigations. Such information is not available to us at present.

2) PRAJÑĀPARĀDHA:[11] Prajña means the intellect and misuse of the intellect is called prajñāparādha. Before dealing with this subject we have to understand the qualities of the intellect. The ancient sciences of India including Āyurvēda have studied the nature of the intellect deeply and minutely. They have ascribed three fundamental qualities to the intellect viz. Dhī, Dhṛuti and Smṛuti. 'Dhī' means the capacity of the intellect to preserve knowledge, its faculty of rational thinking and its ability to take decision. Dhṛuti is the courage required to act or behave according to the decision taken by dhi Smruti or memory is the capacity of the intellect to recollect promptly the decisions taken with the help of dhi and its ability to behave without interruption according to dhṛuti.

The Sānkhya philosophy accepted by Āyurvēda, tells us that the Universe has developed from an infinite, fundamental and principal prakṛuti consisting of three 'guṇā's viz, satva, raja and tama. Every creation in the world consists of a combination of these three guṇās. Satva represents the qualities of knowledge (Jñāna) and joy or happiness; raja manifests the qualities like lust, anger, action and sorrow. Tama is a guṇa quite contradictory to satva, evincing qualities

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11) धीधृतिस्मृतिविभ्रष्टः कर्म यत् कुरुतेऽशुभम् ।
प्रज्ञापराधं तं विद्यात् सर्वदोषप्रकोपणम् ॥ C. S. Śā 1/102

like absence of knowledge (ajñāna) and confusion (mōha).

The intellect also possesses the qualities of satva, raja and tama. For the achievements of happiness the intellect should possess the qualities of satva guṇa to the maximum extent and they will enable the intellect to realise the truth and interpret knowledge properly. This balanced state of the intellect brought about by satva guna is called 'sāma buddhi'.[12]

When the qualities of raja and tama mark the intellect, various types of defects begin to appear and the sātvika qualities of the intellect i.e., sātvika dhī, dhṛuti and smṛuti get destroyed. Hence the qualities of raja and tama predominate in the intellect, i.e., in dhi, dhruti and smruti. The actions done of a person with such dhī, dhṛuti and smṛuti will definitely lead to sorrow and ill-health. Such harmful actions and misdeeds are called prajñāparādha. Naturally, this prajñāparādha will appear in three forms; i.e, this degradation (Bhramśa) of the intellect affect all the three faculties of the intellect resulting in dhībhṛamśa, dhṛiti bhṛamśa and smruti bhramsa.

Dhībhṛamsa: Degraded dhī interprets knowledge incorrectly and judges the beneficial (hitakāri) as non-beneficial and viceversa. Similarly it regards the mortal as immortal (anitya to be nitya) and vice versa.

Dhṛuti bhṛamśa: The ideal sātvika dhṛuti keeps the mind, the sense organs and the various actions detached from the things towards which they are attracted irrespective of the question whether these things are beneficial or not. The

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8) विषमाभिनिवेशो यो नित्यानित्ये हिताहिते ।
ज्ञेय : स बुद्धिविभ्रंश : समं बुद्धिर्हि पश्यति ॥ C.S. Sā 1/99

degraded dhṛuti on the ótherhand loses this noble capacity and then the mind and the sense organs of the concerned person behave without control. Hence the person gets attracted towards which they are attracted irrespective of the question whether these things are beneficial things. Addiction to evils like drinking alcohol, smoking, etc. are the results of such dhṛuti-bhṛaṁśa and therefore even after knowing the harmful effects of such habits, the persons are unable to avoid them. Such people are unable to follow even the physician's instructions regarding diet and behaviour (Pathya).[14]

Smṛuti-Bhṛaṁśa: The smṛuti of an ideal sātvika intellect remembers the lofty philosophical concepts which lead to the realisation of God or the soul. In practical life also smṛuti should guide us with the rememberance of things that are decided by dhī to be beneficial. But smṛutibhṛmśa or the degradation of memory makes people forget the beneficial decisions taken by dhí. Such persons also forget the bad effects of the mistakes committed by them earlier and repeat the same.[15]

All the three types of degradation of the intellect described above leads to several non-beneficial consequences such as the following: 1) Negligance of the natural body reflexes, (e.g., defecation, urination etc) or forcible creation of artificial reflexes. Both result in vātapṛokōpa. 2) Tendency to embark upon adventures which are beyond ones capacity.

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14) विषयप्रवण सत्वं धृतिभ्रंशान्नशक्यते ।
नियंतुमहितादर्थात्धृतिर्हिनियमात्मिका ॥ C. s. Sā 1/100

15) तत्वज्ञाने स्मृतिर्यस्य रजोमोहावृतात्मन : ।
भ्रश्यते स स्मृतिभ्रंश : स्मर्तव्य हि स्मृतौस्थितम् ॥ C. S. Sā 1/101

3) Abnormal increase of sexual desire and sexual act dangerous to health. 4) Forgetting to perform proper actions at the proper time or acting improperly 5) Lack of politeness, morality and good charactor. 6) Repeating non-beneficial things knowingly 7) Increase in qualities characteristic of rajoguṇa and tamo guna such as unhealthy competition , ego, cowardice, hot temper, confusion, craze, superiority complex etc. Aggravasion of all these qualities lead to psychological problems like anxiety, depression, hysteria, madness etc.[16]

3) PARIṆĀMA: Means transformation. Each and every thing which is created in the universe is the product of a continuous process of transformation, the ultimate end of which is destruction (pṛalaya). Every process of transformation requires some time (kāla) which may be a fraction of a second or a whole age. Kāla in its real sense is eternal, an infinite entity, which is beyond the perception of our intellect. The perception of time is possible only in relation to the things which are created, transformed and destroyed. Furthermore in the practical sense, perception of time is possible only in relation to transformation. Hence transformation and time, i.e., Pariṇāma and kāla, are considered to be synonymous.

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16) उदीरणं गतिमतां उदीर्णानां च निग्रह : ।
सेवनं साहसानां च नारीणां चातिसेवनं ॥
कर्मकालातिपातश्च मिथ्यारम्भश्च कर्मणाम् ।
विनयाचार लोपश्च पूज्यानां चाभिघर्षणम् ।
ज्ञातानां स्वयमर्थानामहितानां निषेवणम् ।
यच्चान्यदीदृशां कर्म रजोमोहसमुत्थितम् ।
प्रज्ञापराधं तं शिष्टा ब्रुवते व्याधिकारणम् ।
बुद्ध्याया विषमविज्ञानम् विषमं च प्रवर्तनम्
म्प्रज्ञापराधं जानीयातत्मनसो गोचरं हि तत् । C.S. Sā 1/103–109

Āyurvēda treats this factor as an important vyādhihētu or an etiological factor of diseases. Its importance lies in the fact that the effect of two etiological factors cited above can be avoided by improving our physiological and psychological approaches; but the effect of time is bound to occur and its unavoidable (Niṣpratikriya), Day, night and season create different types of effects on our body. Similarly childhood, adulthood, old age and death represent also the unaviodable effects of time. In the old age body tissues (dhātus) perish gradually even with the appropriate and sufficient diet. Time is the sole factor responsible for this.[17]

Caraka has explained the effects of time on the caya, prakōpa and praśama of tridōṣa. The following table illustrates this relation:

Dōṣa	Rutu		
	Caya	Prakōpa	Praśama
Vāta	Grīṣma	Varṣa	Śarat
Pitta	Varsha	Śarat	Hemanta
Kapha	Śiśira	Vasanta	Grīṣma

The normal cycle of seasons shown above may become responsible for diseases, if praśama does not occur in a natural manner. Similarily the hina, mithya and atiyōgās of seasons (Rutu's) are also responsible for diseases. More over

17) कालस्य परिणामेन जरामृत्युनिमित्तजा : ।
रोगा : स्वाभाविका`दृष्टा : स्वभावोनिष्प्रतिक्रिय : ॥

C. S. Sā 1/115

if the duration of the various stages of digestion, viz the early stage (bhukta), the middle stage(prajīrṇa) and the last stage (jīrna), deviate from the normal on either side this change also can become an etiological factor leading to diseases. Similarly the diurnal variations in the caya, pṛakōpa and pṛaśama of 'tṛidōṣa' can become responsible for pathology. Time is the basic factor responsible for all this.[18]

Apart from diurnal or seasonal variations, very often even the ordinary time factors also become responsible for the precipitation, exacerbation, aggravation or diminution of certain diseases. The attacks of hysteria, epilepsy and lunacy have definite relation to the solar and lunar cycles. The aggravations are observed on full moon and new moon days. Certain disesases like enteric fever and malaria exhibit a definite periodical course.[19] The importance of knowing this time factor lies in the fact that it helps the physician in giving instructions regarding diet and medicine before and during the particular period. At other times he can treat the patient for increasing his immunity (Vyādhiksamatva).

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18) निर्दिष्टा कालसंप्राप्ति व्याधि व्याधिसंग्रहे ।
चयप्रकोपप्रशमा : पित्तादीनां यथा पुरा ॥
मिथ्यातिहीनलिंगाश्च वर्षान्ता रोगहेत्तवं : ।
जीर्णभुक्तप्रजीर्णान्नकालाकालस्थितिश्च या ॥
पूर्वमध्यापराह्नाश्च रात्र्या यामास्त्रयश्च ये ।
एषु कालेषु नियता ये रोगास्ते च कालजा : ॥

C. S. Sā. 1/110–112

19) एते चान्ये च ये केचित् कालजा विविधा गदा : ।
अनागते चिकित्स्यास्ते बलकालौ विजानता ॥

C. S. Sā. 1/114

The law of cause and effect is applicable everywhere. There are certain phenomena occurring in the human life as the effects of unknown factors; but the human intellect is unable to detect their causes. For instance, diseases like leprosy (kuṣṭha). lunacy (Unmāda), and Epilepsy (apasmāra) are regarded by Ayurveda as the effects of the misdeeds committed by the individual in his previous births which, after a particular time span, gets transformed into their effects in the form of diseases. Such diseases being the result of the misdeeds of the past, are called karmaja rōgās.[20]

In this chapter the etiological factors common to all the diseases have been described. A detailed description of other etiological factors can be seen in the chapter on 'Nidāna'

20) निर्दिष्टं दैवशब्देन कर्म यत्पौर्वदेहिकम् ।
हेतुस्तदपि कालेन रोगाणामुपलभ्यते ।
न हि कर्म महत् किंचित्फलं यस्य न भुज्यते ।
क्रियाघ्ना : कर्मजा रोगा : प्रशमं यान्ति तत् क्षयात् ॥

C.S. Sā 1/ 16–117

CHAPTER 3

3. PATHOLOGICAL CONDITIONS OF DŌṢAS

The three dōṣas (Tridōṣa) are responsible for all the normal physiological activities.[1] When they are in a state of equilibrium, ie. in sāmyāvastha, the body is in a healthy condition as this state of equilibrium gives sukha and is marked by the absence of duhkha. While considering the state of sāmya an important point has to be noted, ie. this state of equilibrium is not a mathematical or absolute one. Increase and decrease of each dosa are bound to occur in order to maintain the normal functions of the body. Changes in nature like diurnal and seasonal variations also bring about increase and decrease of dōṣa.[2] The predominance of one of the dōṣas can be observed in each age group. Even though every such increase or decrease means a state of in-equilibrium or vaisamya When it is viewed at from the theoretical point of view, it is taken as dōṣa-sāmya for all practical purposes because it does not produce any dukha or vyādhi (disease).[3] But the in-equilibrium of dōṣas which creates pathological processes in

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1) . . . . समाः स्वं कर्म कुर्वते ।

A.H. Sū. 11/44

2) चय प्रकोप प्रशमा : पित्तादीनां यथाक्रमम्
भवन्त्येकैकरा : षट्सु कालेषु अभ्रागमादिषु ॥

C. S. Sū 17/114

3) (i) रोगस्तु दोषवैषम्यं दोषसाम्यमरोगता ।
(ii) विकारो धातुवैषम्यं साम्यं प्रकृतिरुच्यते ।
सुखसंज्ञकमारोग्यं विकारो दुःखमेव च ॥

C. S. Sū. 9/4

the body deserves to be called 'dōṣa-vaiṣamya' in the real sense, of the term. Proper routine of life suited to the diurnal and seasonal variations (dinacharya and ṛitucarya) is recommended[4] in order to prevent the vaiṣamya from becoming a pathological one.

Dōṣa-Vaiṣamya (Pathological states of Dōṣas)

Hemadri, the commentator of 'Aṣṭānga-hṛidaya' has classified the pathological states of dōṣas into two main groups:viz. increase (vriddhi) and decrease (Kṣaya), out of which decrease of dōṣas cannot result in any pathological development in the body, because it is incapable of causing vitiation of dūṣyās (dhātūs and malās). It produces deficiency signs and symptoms only (kṣaya-lakṣaṇās). Hence in relation to pathology we have to deal mainly with increased state of dōṣas.

Dōṣa Kṣaya (Decrease in Dōṣas)

While considering dōṣa kṣaya, the following points deserve special attention:

1) The decreased dōṣas become incapable of performing their normal functions in the body. This state is manifested in the form of decreased activites of that particular dōṣa.[5]

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4) तत्र विधिवत्परिरक्षणं कुर्वीत । S. S. Sū. 15/6
तत्रेति तेषु वातादिषु प्रकृतिस्थेषु विधिवत् विधिनोपपन्नं
विधिरत्र स्वास्थ्यवृत्तिक : । S. S. Sū. 15/6 (Dalhaṇa)

5) रूपाणि जहति क्षीणा : A. H. Sū. 11/44

2) While one dōṣa is showing a decrease in its activities other dōṣās being in a normal state perform their normal activities.

3) As a decreased dōṣa is unable to proceed to the pathological stages like accumulation (caya) and excitation (prakōpa), it cannot get localised in dhātūs or malās and hence cannot produce disease. But even then, one should not neglect the condition of dōṣa kṣaya because decreased dōṣa fails to do its normal functions. Hence treatment should be given to normalise that particular dōṣa[6] in such a manner that other dōṣas do not get excited. For example, vāta should be increased by using śita and rūkṣa substances but not by using tikta, kaṭu substances (dravyās). Similarly, Pitta should be increased by using kaṭu and rūksha substances and not lavaṇa or tikta rasa substances. Some Āyurvēdic authorities are of the opinion that there is no necessity of such treatment, because to treat the increased dōṣa so as to make it normal indirectly means to treat the decreased dōṣa also automatically. But the authors do not concur with this opinion.

Etiology of dōṣa-kṣaya: Dōṣās are utilised in the body to maintain its, normal functions. The deficiency of dōṣa brought about by its utilisation is compensated by the constituents of diet (āhāra) which are equivalent in qualities to dōṣās. Proper observance of a code of behaviour (vihār) also becomes helpful in increasing the quantity of dōṣās to the normal level, unless the deficiency of dōṣas is compensated with the help of suitable ahara and vihāra, it will lead to dōṣakṣaya.

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6) तत्र स्वयोनिवर्धनान्येव प्रतीकार : । S. S. Su. 15/8

Symptoms of Dōṣaksaya

(i) When the ksaya of a particular dōṣa occurs, the qualities and functions natural to that dōṣa do not appear in the body. They are also reduced.[7]

(ii) The patient experiences a desire for such ahara and vihara that possess qualities similar to those of the dificient dōṣa. When the patient gets the type of ahara and vihāra desired by him, the dōṣaksaya is naturally removed.[8]

Symptoms of kapha ksaya

a) A desire for things which possess guru guna such as the meat of buffalo, pig and sheep, sugar and such other sweet food materials, milk and curd; and a desire for sleep.[9]

b) i) Ruksatva in the body

ii) A burning sensation and thirst, owing to kapha ksaya an imbalance of kapha and pitta occurs and that is the reason for the appearance of symptoms like thirst which are related to pitta.

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7) अत ऊर्ध्वमेषां ....
सन्धि शैथिल्यं (तृष्णां दौर्बल्यं प्रजागरणं) च । — C. S. Sū. 15/7

8) "दोषधातुमलक्षीणो बलक्षीणोऽपि वा नरः
स्वयोनिवर्धनं यत्तदन्नपानं प्रकांक्षति
यद्यद्‌हारजातं तु क्षीण : प्रार्थयते नर :
तस्य तस्य स लाभे तु तं क्षयमपोहति : " — S. S. Sū.15/29, 30

9) "मांसं माहिषवाराहमाजं गुडगुरूणि च
श्लेष्मक्षीणोऽभिलषति क्षीरस्वप्नदधीनि च " — Dalhana

iii) A feeling of emptiness in the seats of kapha like stomach, chest, neck, head and joints, caused by a reduction of the quality of 'sthirata' which is characteristic of kapha dōṣa.

iv) Looseness (śithilata) of the joints, a symptom which appears when the ślēṣaka kapha of the joints get reduced.

v) weakness

vi) Loss of sleep

vii) A feeling of giddiness

viii) Palpitation[9]

Symptoms of Pitta kṣaya

(a) Desire for items of food containing gingelly (tila), black gram, horse gram and other grains and millets and for things like vinegar, sour butter milk and sour curds.

b) Loss of appetite, feeling of coldness and paleness.[10]
Symptoms of Vāta-kshaya- a) There is desire for substances having kaṣāya, katu, tikta or rūkṣa guṇa like yava, mudga harēṇu etc. and other item of laghu diet, b) sluggishness in bodily activities, reluctance to talk, lethargy, inability to grasp the proper knowledge.[11]

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10) i. पित्ते मन्दाऽनल : शीत प्रभाहानि : । A.H. Sū. 11/16
ii. पित्तक्षये मन्दोष्माग्निता निष्प्रभत्वं च ।
iii. S.S. Sū. 15/30 (Dalhaṇa)

11) i. लिङ्ग क्षीणेऽनिलेऽगस्य सादोऽल्पं भाषितेहितम् A.H.11/15
ii. तत्र, वातक्षये मन्दोष्टता ऽल्पवाक्त्वमप्रहर्षे मूढसंज्ञताश्र्च । S.S. sū. 15/11
iii. S.S. Sū. 15/30 (Dalhaṇa)

Dōṣa Vṛiddhi - Increase in Dōṣas:

If we follow the normal routine of svasthacharya the accumulation and excitation of dōṣa will naturally settle down to resolution (praśama) and it will not produce any bad effect in the body. But when one fails to do so owing to asatmya indriyārtha-samyōga and prajñāparādha or if there is inevitable effect of pariṇāma, dōṣas do not reach a stage of natural resolution, but tend to become pathological. In this condition they are likely to proceed to the stages of provocation (praśara), localisation (sthāna-saṃśraya), manifestation (vyakti) and differentiation (bhēda).

Physiological caya and prakōpa, as well as the pathological stages chaya, prakōpa and prasara to bhēda (all the six stages) are included in dōṣa vṛiddhi.

The Ātrēya school (Caraka and Vāgbhata) and the school of surgery ('śalya) have described dōṣa vṛiddhi in two different manners. The former describes it as of only two stages i.e. chaya and prakōpa. (The third stage is that of resolution of vṛiddhi i.e. prasama:) Praśama occurring naturally or due to swasthacarya in a healthy condition or praśama produced by treatment in disease. The latter school describes dōṣa vṛiddhi as having six different stages, i.e. caya, prakōpa, prasara stānasamśraya, vyakti and bhēda. A logical reason may be given for this difference between the Ātrēya and Dhanvantari schools. The Ātrēya school was one of physicians in which the treatment was predominantly medicinal. It may be said that the concept of dōṣa having only three stages, i.e.. caya, prakōpa and praśama, was sufficient to them, On the other hand the Dhanvantari school was mainly

dealing with surgical problems where greater differentiation of the pathological conditions was required. But this explanation does not hold good. A consideration of the three stages of Ātrēya school may be sufficient in certain surgical cases, while certain medical cases will require a consideration of six stages. And hence Suśruta has described the six stages even in respect of such cases like chronic fever (jīrṇa jvara).

While dealing with these stages we have to take into consideration the concepts of different authors. Vāgbhata and Caraka divided vriddhi into caya and prakōpa. According to them caya is accumulation of dōṣas in their respective seats (Swastāhana)[12] and prakōpa is the stage in which dōṣas tend to go to other sites. [13] Suśruta considers caya and prakōpa as accumulation of dōṣas in their respective seats; i.e. caya and prakōpa according to Suśruta are included in the caya described by Caraka and Vāgbhaṭa.

In this chapter we will deal with the stages of caya, prakōpa and prasara only as these stages are related to dōṣaprakōpa alone. The other three stages, namely, sthānasam śraya, vyakti and bhēda are related to dōṣaprakōpa as well as dhātumalavaigunya. Hence they are proposed to be considered in the chapter on 'samprāpti'.

In the stages of caya, prakōpa and prasara, dōṣas remain in an increased and vitiated state; hence the etiological factors of the same have been described together as dōṣavridhihētūs, or dōṣaprakōpahētus. One part of these hētus

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12) चये वृद्धिः स्वधाम्न्येव । A. H. Su. 12/22

13) कोपस्तु उन्मार्गगामिता । A. H. Su. 12/22

is related to the inevitable factor of kāla. i.e., variations due to day and night, seasons, age etc. The other part is related to nonbeneficial diet and behaviour. Vagbhata has described both. Here we shall also deal with the hetus of prasama as described by Vāgbhaṭa.

Etiological factors of Dōṣa prakōpa:[14]

Vāta prakōpa-ahāra: 1) Intake of food predominantly of katu, kaṣāya and tikta rases; laghu, rūkṣa, and śīta vīrya substances; dried leafy vegetables; roasted meat (vallura); millets like varaka, koradūsa, syāmāka and nīvāra; pulses like uddālaka, mudga, masura, āḍhaki, kalāya, niṣpāva, and harēṇu.

ii) Overeating, irregular eating and fasting.

iii) The following substances which are not mentioned in Āyurvēdic texts, but are in common use now-a-days and have been proved to be vāta prakopāka, are wafers, chiwada, bhel-pharasana, papad, toast, toned milk, dried powders of vegetables.

Vihāra: i) Wrestling with a person of superior strength, violent exercises, sexual excesses, excessive study, headlong plunge into water or leaping from a great height, running, leaping across a ditch, abounding gait, swimming, keeping awake until late hours, carrying heavy loads excessive riding on horses or vehicles, walking long distances. All these activities create dhātu kṣaya and hence vāta prakōpa.

ii) Suppression of natural urges like micturition and the urge for defecation or creating the urges artificially. Both

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14) अत उर्ध्वं प्रकोपणानि वक्ष्याम : । तत्र बलवत् विग्रहाति–
व्यायामव्यवाय अध्ययन . . . . वायु : प्रकोपमापद्यते । S.S Sū. 21/19

of them disturb the natural force and direction of vāta and produce vāta pṛakōpa.

iii) Causes which directly produce dhātukṣaya: e.g., atiyōga of pañcaśōdhana, dehydration, haemorrhages and blood loss, repeated blood donation etc.

Caya, pṛakōpa and pṛaśama due to natural causes:

At the end of summer (grīṣma) food materials and plants become rūkṣa and laghu and lose their essence due to excessive exposure to the heat of the sun. Water also becomes laghu. Intake of such things by people who are already exposed to excessive heat of the sun acquire rūkṣa, laghu, and viśada qualities resulting in accumulation (caya) of vāta dōṣa.[15]

But expansion of srōtasas due to such atmospheric heat does not allow prakópa of vāta. In the next season, i.e.., at the beginning of the monsoon (pṛāvṛuta), due to heavy rains, cold atmosphere and winds vátá prakópa occurs. In general vāta pṛakōpa occurs during cold, cloudy and windy seasons like the varṣa ṛitu and also during the last hours of night, early in the morning and in the last phase of digestion[16]. Pṛaśama of vāta pṛokōpa takes place in the Śaradṛitu as a natural phenomenon. The last phases of life (old age), day, night and the digestive process are occasions of vāta pṛakōpa. If uṣṇa guṇa

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15) चीयते लघुरूक्षाभि : ओषधीभि समीरण : ।
तद्विधस्तद्विधे देहे कालस्यैष्ण्यान्न कुप्यति ॥ A.H. Sū. 12/25

16) स शीताभ्रप्रवातेषु धर्मान्ते च विशेषत : ।
प्रत्युषस्यपराह्न च जीर्णाऽन्ने च प्रकुप्यति ॥ S.S. Sū. 29/20

is associated with rūkṣa and other gunas of vāta then vāta caya occurs, and the association of the rūkṣa with the śita causes vāta prakōpa. The Snigdha associated with the uṣṇa produces praśama of vata.[17]

Pitta Prakōpa[18] Āhāra: 1) Ingestion of food in which katu, amla or lavaṇa rasa and tīksna or uṣṇa vīrya are predominant and those which are laghu or vidāhi (which will cause burning sensation) in nature.

ii) Intake of the oil of tila, piṇyāka or oil seed cake, kulattha, sarṣapa, atasi the green leafy vegetable known as harēṇuka, the flesh of gōdha, fish or goat, curds, whey, buttermilk, the supernatent fluid over butter milk (mastu), kānji (sawīraka), wines and liquors, sour fruits (amlaphala) , katvāra etc. and also fasting.

Vihāra : a) Mental:- anger (krōdha), grief (śōka), fear and fright (bhaya): b) Physical:- Unsatisfactory or disturbed intercourse (vidagdha maithuna) and excessive exposure to sun light, heat, X-rays, machines which generate heat etc.

Season and time: Summer and autumn (śarad ṛutu), noon,midnight, middle age and the middle phase of digestion[19]

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17) उष्णेन युक्ता रूक्षाध्या : वायो : कुर्वन्ति संचयम् ।
शीतेन कोपमुष्णेन शमं स्निग्धादयो गुणा : ॥ A.H. Sū. 12/19

18) क्रोधशोकभयायासोपवासविदग्धहि मैथुनोपगमनकट्वम्ललवणतीष्णोष्णलघुविदाहि
तिलतैलपिण्याक कुलत्थसर्षपातसी हरितकशाक गोधामत्स्याजाविकमांसदधितक्र
कुर्चिका मस्तुसौवीरकसुराविकाराम्लफलकट्वरप्रभृतिभि : पित्तप्रकोपमापद्यते ।
S.S. Sū. 21/21

19) तदुष्णैरुष्णकाल च घनान्ते च विशेषत : ।
मध्याह्ने चार्धरात्रे च जीर्यत्यन्ने च कुप्यति ॥ S.S. Sū. 21/22

Caya, Prakōpa and praśāma due to natural causes:-

The food grains, vegetables and water available during the monsoons creates amla vipāka in body and, in addition to that, the associated agnimāndya produces vidāha. All these result in accumulation of pitta. (caya)[20]

In the śarad ṛitu the sky becomes clear and the sun shines brightly producing excessive heat in the atmosphere which causes dissolution of the accumulated pitta creating its prakōpa or excitation. Praśama of pitta prakōpa takes place in hēmanta ritu, because of the tīkṣṇa and other gunas of pitta, as a natural phenomenon. Śīta guṇa associated with the tīkṣṇa and other guṇas of pitta causes caya of pitta. Tīkṣṇa associated with uṣṇa causes its prakōpa while manda guṇa associated with śīta produces praśama of pitta.[21]

Kapha prakōpa[22]

Ahāra: i) Ingestion of food substances essentially of madhura, amla and lavana rasas having qualities like snigdha,

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20) अद्भिरम्लविपाकाभिरोषधीभिश्च तादृशम् ।
पित्तं याति चयं कोपं न तु कालस्य शैत्यत: ।। A.H. Sū. 12/26

21) शैत्यादियुक्तास्तीक्ष्णाद्या : चयं पित्तस्य कुर्वते ।
उष्णेन कोपं मन्दाद्या : शमं शीतोपसंहित : ।। A.H. Sū. 12/20

22) दिवास्वप्नाव्यायामालस्य मधुराम्ललवणशीतस्निग्धगुरुपिच्छिलाभि –
ष्यन्दिहायनक यवकनैषधोत्कटमाषमहामाषगोधूमतिलपिष्टविकृति
दधिदुग्धकृशरापायसेक्षुविकारानूपौदकमांसवसाविसमृणालकशेरुक–
शृंगाटकमधुरवल्लीफलसमशनाध्यशनप्रभृतिभि : श्लेष्मा प्रकोपमापद्यते ।
S.S. Sū. 21/29

śita, guru, picchila, and abhiṣyandi gunas; eg. wheat hayānaka yava, naiṣedha, māsa (blackgram) , large māṣa, sweets prepared from tila, milk , curds, pāyasa (khir) , sugarcane juice , jaggery, sugar, flesh of animals living in water, or anupa pollens of lotus, kaśēruka, śṛungātaka, sweet fruits of climbers like grapes etc. Also samaśana (eating beneficial and non-beneficial items of diet together), viruddhaśana, over eating etc.

ii) Intake of Panēr, potato, cream, ghee, butter, kilāta etc. and eating before the digestion of the food taken earlier.

Vihāra- Day sleep, lazy and sedentary habits.

Caya, pṛakōpa and pṛaśama due to natural causes-

Being the season of visarga kāla which is favourable to anabolism, in Hēmant ṛitu water remains snigdha, guru and śita. The śita guna associated with the snigdha and other gunas of kapha causes caya of kapha. The sanu snigdha guna when associated with uṣṇa guna causes pṛakōpa. Uṣṇa associated with rūkṣa causes pṛaśama of kapha[23]. The moon shines pleasingly in the clear sky; there is dew in the morning. All these factors affect the body and make it still (stambhita), producing coldness(śaitya), gaurava, and augmentation of flesh and other dhātūs, leading to caya of kapha.[24] But these factors also prevent its pṛakōpa. When the season changes, i.e. in Vasanta ṛitu, the sun shines brightly ; the coldness in the atmosphere vanishes; and kapha starts melting. This is

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23) शीतेन युक्ता स्निग्धाद्या : कुर्वते श्लेष्मणश्चयम् ।
उष्णेन कोपं तेनैव गुणा : रूक्षादय : शमम् ॥ A.H. Sū. 12/21

24) चीयते स्निग्धशीताभिरुदकौषधिभि : कफ : ।
तुल्येऽपि काले देहे च स्कन्नत्वान्न प्रकुप्यति ॥ A.H. Sū. 12/27

regarded as kapha prakōpa. In the Grīsma ṛitu the excessive heat of the sun absorbs the melted kapha paying the way for kapha praśama.[25]

Six pathological stages of dōṣas or kriyākāla

We have already seen that Súsṛuta has described the development of pathology in six different stages. He calls these stages 'kriyākālas'. According to him each stage represents a period or time when the physician or the patient should adopt some procedure by which he can correct that stage and establish dōṣa sāmya, the kriyākāla means the time for taking proper action. The procedure or kriya to be adopted at each stage is described along with its importance by Suśṛuta. Here we shall deal with the first three stages. The remaining three stages will be dealt with in the chapter on 'samprāpti'. A brief chart of the six stages is given at the end of this chapter.

Stage of accumulation (cayāvastha)

Accumulation of dōṣa first takes place in their normal seats of predominance. As soon as this accumulation starts, it gets reflected in the mind in the form of a desire for the qualities opposit to those of the particular dōṣa. In vāta caya there is a desire for snigdha, guru, madhura, amla and lavana substances; also a desire for sleep and rest. In short there is a desire for qualities which are similar to those of kapha dōṣa. It may be noted that the exactly opposite desire occur during kapha caya. In pitta caya there is a desire for madhura, tikta, kasāya, śita and manda substances and for vihāra in cold,

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25) स शीतै : शीतकाले च वसन्ते च विशेषत : ।
पूर्वाह्ने च प्रदोषे च भुक्तमात्रे प्रकुप्यति ॥ S.S. sū. 21/24

pleasant and entertaining places like gardens,fountains etc.

This desire for the opposite qualities should not be neglected, because it is the action (kriya) demanded by the body for the elimination of dōṣa caya.[26] Dalhana emphasises that quick action for the fullfilment of desire must be taken as it is the first occasion for controlling the abnormality of dōṣas quickly and very easily.[27]

Process of accumulation of dōṣas: Whenever any substance starts accumulating in a limited space, particles start aggregating in order to accommodate themselves in that limited space. Naturally they become more and more condensed (samhati). This accumulation in a condensed form is known as caya. As explained by Dalhana,[28] the coldness or śita guna is always favourable to such condensation and hence there is caya of kapha and pitta in the cold seasons of hemanta and varsa respectively.

In this state of caya, stagnation makes the dosas unable to move freely for the performance of their normal functions. Then this caya reaches a stage in which it occupies the entire space and spreads to the neighbouring areas,. Vāgbhaṭa and Caraka call this stage 'prakōpa'. But Susruta has named the same stage as prasara, and according to him caya is accumulation of dōṣa in lesser quantity and prakōpa is its accumula-

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26) चय एव जयेद्दोषं . . . .

27) चयो वृद्धि : स्वधाम्न्येव प्रद्वेषो वृद्धिहेतुषु ।
विपरीतगुणोच्छा च . . . . ॥ A.H. Sū. 12/22

28) प्रथम : क्रियाकाल : आद्यकर्मावसर : । S.S. Sū. 21/18 (Dalhana)
संहतिरूपा वृद्धि : चय : । S.S. sū. 21/18 (Dalhana)

tion in greater quantity, both in the normal seats of the dōṣa.

Caya in samhati rūpa is understandable in the case of dōṣas like kapha and pitta which have visible or traceable forms (mūrtatva); but accumulation of vāta does not have such a form. Hence the concept of vata caya has to be understood in a different manner. Accumulation of vāta occurs owing to the association of rūkṣa guna with usna guna. Rūkṣa guṇa causes diminution of dhātus and creates friction which disturbs the various movements by which action of vāta is manifested. The other qualities like cala, sūksma, khara and visada also contribute to vata caya. Uṣṇa guṇa promotes katabolism causing dhātukṣaya which helps the accumulation of vāta and also dilates the organ. Therefore rūkṣa guṇa causes the symptom of stabdhatwa (stillness) and uṣṇa guṇa causes pūrṇatwa (fullness).

Etiology of chaya:- If we keenly observe the qualities responsible for the caya of dōṣas, we can identify them as usnatva and śītatva which cause the predominant environmental changes which affect on the body. Coldness (śītatva) is favourable to the caya of vāta and kapha and heat (uṣṇatva) to that of pitta. The etiological factors described in the second chapter are those responsible for all the abnormalities and hence for caya also. To be precise, the etiological factors cited in the case of dōṣa prakōpa are responsible for caya when they are in a milder form.

Signs and symptoms:- The stage of caya represents the inceptive phase of disease when, as we have already seen, dōṣa gets accumulated and is stagnant. Hence the symptomatology is rather vague and ill-defined. However a few symptoms

characteristic of dōṣa can be raced after keen observation.

Vāta:- Vāta caya causes ruuness and stillness (stabdha pūrṇa kōṣṭha) of the organ concerned. (mainly of pakvāśaya). (The reason for this has already been given)

Pitta:- The caya of pitta causes diminution of heat (mandōṣmata) in the organ. The reason for this is that caya causes condensation of dōṣa preventing its free circulation which is essential for pitta dōṣas normal activity which produces heat. The other symptom is yellowishness (pītāvabhāsatva) of the organ. This symptom is difficult to trace unless the vaidya or the patient is very observant.

Kapha:- kapha caya causes a sensation of heaviness in the body or its parts(angagaurava) and langour (ālasya)[29]

Dōṣas are secreted (utpatti) in their respective places of secretion; e.g., pācaka pitta in the liver, pancreas, lower part of the stomach and small intestine; kapha in the upper part of the gastro intestinal tract, i.e. mouth (bōdhaka kapha), and in the upper part of the stomach (clēdaka kapha); vāta manifests its main controlling actions in the large intestine (pakvāśaya). All these main seats of dōṣas are connected to the gastro-intestinal tract (Annāvaha śrōtas) for the purpose of digestion of food. Dōṣas like kapha and pitta are secreted in their respective places by the śrōtasas or secreting glands (utpatti sthāna) and are sent out whenever necessary (udīraṇa sthāna).

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29) तत्र संचितानां खलु दोषाणां स्तब्धपूर्णकोष्ठता पीतावभासता
मन्दोष्मता चाङ्गानां गौरवमालस्यं चयकारणविद्वेषस्चेति लिङ्गानि भवन्ति ।

As the places of secretion of dōṣas are connected to annavaha śrōtas or mahā kōṣṭha, their main seats and the sites of caya lakṣaṇas are also connected to it. An important part has to be noted here. Dōṣas do not show any symptom of intensification of their functions on the contrary there is some retardation of the functions. There are several other seats of dosas in the body where also they are likely to get accumulated and show the symptoms of accumulation cited above. In the light of these facts it may be seen that symptoms of kapha caya can manifest itself in the chest, throat, head, klōma, small joints, rasadhātu, mēdadhātu, nose and tongue.[30] There will be a sensation of heaviness (gaurawa) and lethargy (ālasya) in above places. Pitta caya [31] manifest itself in sweat (svēda), lasīka, blood rasa, eyes and skin in addition to the sites connected with the gastro intestinal tract (nābhi and āmāśaya). Vata caya is manifested in bones, pelvis, thighs and the sense organs for hearing and tactile sensation, in addition to the pakvāśaya.[32]

Some teachers of Āyurvēda consider vāta caya as the accumulation of gases in the gastro-intestinal tract. But this is an absoultely wrong and misguiding concept. Gases do accumulate in the state of vāta caya, but the reason for that is the stillness or sluggishness of movements which effect the

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30) उरःकण्ठशिरःक्लोमपर्वाण्यामाशयो रस : ।
मेदो घ्राणं च जिह्वा च कफस्य सुतरामुर : ॥ A.S. Sū. 12/3

31) नाभिरामाशयः स्वेदा लसिका रुधिरं रस : ।
दृक् स्पर्शनं च पित्तस्य नाभिरत्र विशेषत : ॥ A. H. Sū. 12/2

32) पक्काशयकटीसक्थि श्रोत्राऽस्थि स्पर्शनेन्द्रियम्
स्थानं वातस्य तत्राऽपि पक्काधानम् विशेपत : ॥ A. H. Sū. 12/1

gastro-intestinal tract due to vātacaya. Hence the formation of gases is not vāta caya itself but only an effect of vāta caya. Any substance even other than gases can get accumulated, eg. urine in the urinary bladder causing a sensation of stillness and fullness (stabdapūrṇakōṣṭhatva.)

Stage of excitation (prakōpāvastha):

If one compares the main factors responsible for caya and prakōpa, i.e. śitatwa and uṣṇatva, one will realise that the factors which cause caya are exactly opposite to those responsible for prakōpa. Uṣṇatva is responsible for the prakōpa of kapha and pitta; it dissolves the samhati produced in caya and liquifies the dōṣa. Its increase in the liquified form is called prakōpa by Dalhaṇa.[33] According to Vāghbaṭa, prakōpa is the condition in which dōṣas spread in the neighbouring śrōtasas.[34]

In the state of caya, even though the dōṣas are increased, they are not excited because of unfavourable circumstances. But when the circumstances are favourable dōṣas show the symptoms of excitation or aggravation. Under natural conditions excitation occurs only after the stage of caya and hence it is called " cayapūrvakaprakōpa. " But there are certain abnormal conditions produced by mithyāhāravihāra or sudden abnormal climatic changes (ritu viparyaya), under which dōṣa prakōpa occurs as an abrupt process without a preceding stage of caya; this is called "acaya pūrvaka prakōpa" or excitation without a preceding accumulation. Toxic and allergic substances and pathogenic organisms also produce such type

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33) विलयनरूपा । वृद्धि : प्रकोप : । S. S. Sū 21/18. Dalhana.

34) कोपस्तु उन्मार्गगामिता । A. H. Sū. 12/22

of pṛakōpa.

Symptoms of prakópa:

Symptoms exhibited by this condition may differ from organ to organ or according to the mildness or severity of pṛakōpa. Specific symptoms of pṛakōpa have been described by Suśṛuta in chapter 21, Sūtṛasthāna and by Vāgbhaṭa in chapter 12, Sūtṛasthāna. Elsewhere both of them have described symptoms analogous to those of pṛakōpa under the name vṛiddhilakṣaṇas. It is better to consider all these symptoms together.

Symtoms of Vāta Pṛakōpa:

The characteristic symptoms of vātapṛakōpa described by Suśṛuta is a feeling of abnormal movements and pain in the viscera (kōṣtatōdasancārana). Pakvāśaya being the main seat of vāta, this symptom is mainly felt in the abdomen.[35] The other symptoms described by Suśṛuta under vātavṛiddhi are roughness or hoarsness of voice, loss of weight, hyperpigmentation, vague pain in the limbs, desire for hot substances, loss of sleep, reduction of strength and constipation.[36] The same symptoms have been described by vagbhata also under the head of Vāta-vṛiddhi.[37]

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35) ....तेषां प्रकोपात्कोष्ठतोदसंचरणाम्लीकापिपासापरिदाहान्नद्वेष–
हृदयोत्क्लेदाश्च जायन्ते । S.S. Sū. 21/27

36) तत्र वातवृद्धौ वाक्पारुष्यं, कार्श्यं, कार्ष्ण्यं, गात्रस्फुरणम्
उष्णाकामिता निद्रानाशोऽल्पबलत्वं गाढवर्चस्त्वं च । S.S. Sū. 15/13

37) कार्श्यकार्ष्ण्योष्णकामित्वकम्पानाह शकृत्ग्रहान्।
बलनिद्रेन्द्रियभ्रंश प्रलापभ्रमदीनता : ॥ A. H. Sū. 11/6

Vāgbhaṭa has described elaborately and exahaustively all the symptoms of vāta pṛokōpa. His description is useful for diagnostic as well as prognostic purposes. These symptoms reveal the intensity of pṛakōpa.[38]

Before dealing with these symptoms, we should try to understand the nature of the normal activity of vāta dōṣa. The dhatu 'Vā' from which the word vāta has been derived, denotes a sort of movement or speed.[39] For any action or movement there must be a factor responsible for stimulation as well as its transmission and also a factor responsible for performing the act. In the body the somatic or autonomic stimuli and the nerves which transmit the stimulation constitute the first factor. The muscle doing the act by its contraction and relaxation is the second factor. The sensory impulses serve as a stimulus for the action. The somatic sensory impulse is responded to by the action of striped muscle fibres and autonomic impulse by the smooth or non-striped muscles. Vāta pṛakōpa occurs due to two causes; 1) Obstruction to the nervous conduction or to the muscular activity, i.e. mārgāvarōdha; 2) Loss of dhātus causing muscular fatigue or actual loss of mamsadhātu (muscle), i.e. dhātukṣaya. Either of these causes produce abnormal neuro-muscular activities in the form of the following symptoms of Vāta pṛakōpa. The symptoms described by Vāgbhaṭa will illustrate the above.

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38) स्रंसव्यासव्यधस्वापसादरुक्तोदभेदनम् ।
संगांगभंगसंकोचवर्तहर्षणतर्षणम् ।
कम्पपारुष्य सोषिर्यशोषस्पन्दनवेष्टनम् ।
स्तंभ : कषायरसता वर्ण : श्यावोऽरुणोऽपि वा ॥ A. H.Sū. 12/49, 50

39) वा गति गन्धनयो : । S.S. Sū. 21/5

Sramsa and Bhramśa (ptosis and dislocation): Māmsa-dhātuksaya due to general wasting of the muscles, overwork or repeated forceful contractions for a variable period will result in the inefficiency of musculature (due to the loss of tone) and in the deformity of the nerve (structural or functional). The result will be a slight dislocation in activity or hampered activity called 'Sramsa' e.g. ptosis of the eyelid, stomach, kidney etc. When the above phenomenon occurs in a severe form it causes dislocation of the organ, ie. Bhramsa;eg; dislocation of joints, kidney etc. If the organ is near the external orifices it will cause prolapse as in uterine or rectal prolapse.

Vyāsa (dilatation): This symptom is observed in the hollow organs. Due to neuromuscular weakness it becomes difficult to expel the contents of the organ completely and instead of it they go an accumulating in the organ producing elongation of muscular fibre without any addition in the muscular tissue and this leads to the dilation of the organ. (This condition is different from hypertrophy where then musculature of the organ get increased); eg: dilation of heart, aorta, urinary bladder etc.

Sankōca (Contracture): It is a condition exactly opposite to that of dilatation where the organ gets contracted or constricted. It may occur because of abnormal contractory impulses received from the nerves owing to vitiated vāta as in the case of acute constipation, acute pyloric stenosis and bronchiolar constriction occurring as in āsthma. This condition can be easily treated by promoting anulōmana of vāta. The other variety is difficult to treat because it develops mainly due to loss of muscular tissue which gets replaced by

fibrous tissue resulting in fibrosis, its shrinkage and ultimately the contracture of the organ, e. g. stricture of urethra, mitral stenosis.

Śōsa (Atrophy) 1) It may occur due to dhātukṣaya as in the case of rájayakṣma, śōsa diseases and old age. 2) If the activities of organs like the limbs are stopped for any reason, just as when the limb is kept in plaster for a long time, disuse atrophy occurs. 3) Any abnormality in the neuromuscular activity due to nerve disorders will cause retardation or loss of mobility leading to atrophy as in the case of poliomyelitis (pāngulya), paralysis (pakṣavadha) etc. (For a detailed description turn to the chapter on 'Duṣyavikṛuti')

Stambha (stiffness): It can be classified into three types: The main symptom of all the three is immobilisation or painful mobility of the part. 1) Because of nerve disorder muscular rigidity occurs causing pain during movements. This is called as māmsagata vāta. 'Ordinarily it occurs in the neck, back etc. 2) It may also occur because of nervous diseases like tetanus, parkinsonism causing rigidity of the muscles. 3) Bony lesions like spondylosis and spondylolithiasis may cause stiffness.

Swāpa: The symptom appears in to two forms. 1) The first is due to loss of tactile sensation (Bādhrya) caused by diseases of the sensory nerves as in leprosy (mahākuṣṭha), degeneration of the posterior horn cells, transection of the spinal cord etc or due to excessive cold. 2) The second is caused by the damage of the motor nerves as in the case of complications following abdominal surgery where movements of the intestines are completely stopped. This is called

āntṛaswāpa (paralytic ileus) . The milder form of swapa is numbness of the organ or part occurring in several vascular or neural diseases.

Sanga: This symptom can also be classified in two types. 1) One is due to the effect of vyāsa, swāpa, stambha etc. The movements of hollow organs become sluggish or they are completely stopped causing accumulation and stagnation of fluid or gaseous substances and their normal passage is obstructed. 2) Adhesions of the organs caused by pathological processes like fibrosis produce this symptom, eg.tubercular adhesions of intestines.

Kampa (tremors); Hyperexcitement of a normal muscle or normal excitement of a weak muscle which causes mild or severe, forceful and intermittent twitchings or contractions is called kampa. It is observed in several neural and muscular disorders like paralysis, writer's tremors etc. It may also occur as a result of old age.

Harṣa: Contraction of the minute bundles of involuntary muscular fibres named errectore pilorum which are connected to the hair follicles causing depression of the skin over their origin and the elevation of the skin immediately around the hair. This results in the appearance of goose skin (Harṣa). This phenomenon occurs on exposure to cold or in emotional reactions like fear, joy, sorrow etc.

Spandána: The symptom is mainly related to the heart and the arterial system, organs which are constantly pulsating. When the pulsation appears to be abnormal either to the physician or to the patient it is called spánda. The symptom is observed in

cardiovascular disorders and also may be caused by emotional excitement. Whenever the heart is compelled to over work as in running transient cases of spanda may occur.

Tarṣaṇa: Emotional disturbances like fear and shock stimulate the sympathetic fibres going to the salivary glands while the parasympathetic fibres get depressed, causing dryness in the mouth. There is a sensation of severe thirst. This sensation of thirst is called as Tarṣaṇa. Other cause of vāta prakōpa like running, climbing and talking may also cause this symptom.

Pāruṣya: Vāta prakōpa causes rūkṣatva by utilising the snēha dravyas in the body and this leads to dryness and roughness of the skin or other organs, which is called parusya.

Káṣāya rasatva: Sensation of kaṣāya rasatva is felt in the mouth.

Syāva-aruṇa varṇatva: Aruṇa means blackish red colour and sayava means brownish colour. This type of discoluration is observed in necrosis of the cells, which in fact is dhatuksaya.

Varta: Rūkṣatva produced by vāta prakōpa causes absorption of more and more water from the substances in the viscera or lumen giving them a solid and round shape (Varta). It is observed in vātaja malāvasthambha, tumors, biliary or urinary calculi etc.

Ruk (pain): Neuro-muscular irritability resulting from several causes produce various types of pain which are collectively called 'Ruk'. The following are its different varieties. 1) Tōda

- a pricking type of pain 2) Bhēda-a cutting or tearing type of pain 3) Cheda-pain similar to that felt when one is struck by a cutting instrument 4) Vyadha-Pain similar to that felt when one is hit by a stick or hammer 5) Vimathana a churning type of pain. 6) Pīḍana - a sqeezing or twisting type of pain 7) Angabhanga - muscular pain felt after excessive excercise. 8) Vēṣtana a feeling of being compressed from all sides.

Souṣtrya: Development of cavity or porosity caused by dhatuksaya; eg. osteoporosis, cavity formation in any organ after neurotic changes etc.

Symptoms of pitta prakōpa

a) Specific symptoms described by Suśruta. i) Amlika: Over-accumulation of pācaka pitta in the stomach regurgitate into the mouth producing a sour taste. ii) Pipāsa: Increased heat in the body causes dryness of the mouth producing a sensation of thirst. (iii) Paridāha: burning sensation or increase of heat surrounding the site of pitta prakōpa or a burning sensation all[40] over the body.

b) Symptoms of pitta vṛiddhi described by Suśruta:

i) Yellowish colouration of the concerned part (pītāvabhāsata) and also of the eyes, urine and feces. ii) Santāpa: Feeling or anger or sensation of heat in the concerned part of the body. iii) a desire for cold substances (sītakāmitva) iv) Reduced sleep (alpanidrata). v) Unconsciousness (mūrcha) vi) Loss of strength (balahāni) vii) Weakness of sense organs and other organs

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40) .... अम्लिका पिपासा परिदाहश्चेति । S.S. Sū.21/27

(indriya daurbalya.)[41]

c) Additional symptoms described by Vāgbhaṭa: i) Sensation of hunger, thirst and burning.[42]

Symptoms of Pitta prakōpa given by Vāgbhaṭa[43]

One of the consequences of pitta prakōpa is an inflammatory condition. Hence the signs and symptoms of inflammation (except pain) may be considered as those caused by pitta prakōpa. In the stage of resolution of inflammation or in the stage of its complication (as in degeneration, necrosis and gangrene) pitta prakōpa produces symptoms like klēda, sṛuti and kōtha.

1) Dāha (Burning sensation): A subjective symptom felt at the site of inflammation. It may also be felt in the sites of pitta prakōpa such as eyes, palm, throat etc. or in the entire body due to the uṣṇa guṇa of pitta. 2) Rāga (redness): a sign manifested in the middle stage of inflammation (pacyamānāvastha). 3) Ūṣma: Rise of temperature at the inflammed part or in the entire body (fever). 4) Pāka (pus formation): The vitiated pitta digests the tissues (dhātus) converting it into an yellowish fluid or pus. 5) Swēda (perspiration): Intensified activity of the tissues and increased

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41) पित्तवृद्धौ पीतावभासता सन्ताप : शीतकामित्वं अल्पनिद्रता
मूर्च्छा, बलहानि : इन्द्रियदौर्बल्यं पीतविण्मूत्रनेत्रत्वं च । S.S. Sū. 15/13

42) पीतविण्मूत्रनेत्वक्क्षुत्तृड्दाहाल्पनिद्रता . . . . । A.H. Sū. 11/7

43) . . . . पित्तस्य दाहरागोष्मपाकिता : ।
स्वेदः क्लेदः स्त्रुतिः कोथ : सदनं मूर्च्छनं मद : ।
कटुकाम्लौ रसौ वर्णः पाण्डुरारुणवर्जित : ॥ A. H. Sū. 12/51-52

capillary dilatation due to pitta prakōpa produces excretory end products of the metabolism which are discharged through the skin in the form of sweat. 6) klēda: Some of the increased end-products of metabolism are excreted in the form of klēda and not in the form of swēda. Klēda is a fluid more sticky than svēda. A part of the excreted clēda sticks to the skin and remains there. During pitta prakōpa the quantity of klēda gets increased.

Sṛuti (oozing or discharge): When pitta prakōpa is moderate it dilates the blood vessels and capillaries. Capillary permeability increases and the componants of either rasa or rasa and rakta (W.B.C) get discharged. In the severe condition of pitta prakōpa the uṣṇa and tīkṣṇas guṇa of pitta causes rupture in the wall of the viscus (āśaya bhēda) and the contents ooze out or get discharged. Rupture of the blood vessels causing haemorrhage and rupture of intestinal abscess or ulcer are some of the examples.

Kōtha (gangrene): It is a culmination of the inflammatory process, caused by obliteration of blood vessels. Blood supply to the concerned part is affected partially or completely and pitta digests the tissue in an abnormal manner producing gangrene. For a detailed description turn to the chapter on 'Retrograde changes'

Sadana (languor), Mūṛchana (fainting) Mada (intoxication)

The functions of the central nervous system, brain, mind, intellect and sense organs get disturbed by the aggravated uṣṇa and tīkṣṇa guṇas of pitta resulting in these symptoms, i) Sadana : Nẹuro-muscular weakness produces fatigue or exhaustion ii) Mūṛchana: The functioning of the

mind, intellect and sense organs stops suddenly for a variable period and this is called fainting. iii) Mada: pitta vitiated by bacterial or other toxins, alcohol, vikāṣi substances or a vyādhi produces this symptom as well as mental excitement. This causes abnormal behaviour. In the milder form of mada there is dilatation of śrōtases producing perspiration and languor.

Abnormal colouration: Kapha produces pale (pāndu) discolouration and vāta produces brownish red colour. Pitta can produce any sort of discolouration except the above two varieties.[44]

Katuamla rasas: Vitiated pitta in the alimentary canal produces bitter and sour tastes in the mouth. The same taste may be felt in any part of the body. This phenomenon has been observed by hunters. The flesh of animals like deer tastes sour because pitta in their body gets vitiated by exhaustion.

Symptoms of kapha pṛakōpa

1) Specific symptoms given by Suśṛuta: The main seats or kapha being related to the digestive system, vitiated kapha causes dislike for food (annadwēsa) and severe nausea accompanied by salivation (hridayōtklēda).[45] The phenomena also occurs at the cellular level where by the desire for intake of nutrient subtances is lost; on the contrary the cell tries to expel kapha pṛadhāna substances (utklēśa).

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44) .... पाण्डुरारुणवर्जित : । A. H. Sū. 12/51-52

45) .... अन्नद्वेष, हृदयोत्क्लेदश्च जायन्ते । S. S. Sū. 21-27

2) symptoms of kapha vriddhi described by Suśṛuta: [46]. Whitish discolouration coldness, rigidity, sensation of heaviness, languor, stupor, sleep, looseness of bones and joints.

3) Additional symptoms given by Vāgbhaṭa: Sensation of looseness in the organs, breathlessness, cough, and excessive sleep, [47]

4) Symptoms of kapha pṛakōpa given by Vāgbhaṭa;[48] Kapha promotes the anabolic processes in the body because of its qualities like snigdha, śīta, guru and pichila. The aggregation of normal dhātus occurs due to the above qualities. The vitiated kapha causes abnormal aggregation which results in the following symptoms.

Snēha: The organ or the part appears oily and glistening. This symptom is observed in kapaja sōtha. Excretory products like feces and discharges from the eye, ear etc (khamala) also become oily.

Kāṭhinya and Upalēpa (hardness and coating): Vitiated kapha produces denser aggregation of tissues: eg. the

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46) श्लेष्मवृध्दौ शौक्ल्यं शैत्यं स्थैर्यं गौरवम् –
वसादस्तंद्रा सन्धिविश्लेषश्च ॥ S.S. Sū. 15/13

47) श्वैत्यशैत्यश्लथांगत्वं श्वासकासातिनिद्रता A. H. Sū. 11/8

48) श्लेष्मण : स्नेहकाठिन्यकडुंशीलत्व गौरवम् ।
बन्धोपलेपस्तैमित्यशोफापक्त्यतिनिद्रता :
वर्णः स्वेतो, रसौ स्वादुलवणौ चिरकारिता ॥ A. H. Sū 12/53

preliminary stage of inflammation, kaphaja sōtha, tumors, stone formation etc. Sometimes kapha also causes abnormal calcification or bone formation in the soft tissues.

Upalēpa: This means a sticky coating on the surface. It is found on the tongue in conditions like indigestion (ajīrṇa). Kapha prakōpa in śākhās creates a dense, oily coating on the inner side of the interior lining of the arteries. This condition is called atheroma (dhamani pratichaya). (Please refer to the illustration of atheroma given in the chapter on kōṣṭha and śākhā).

Bandha: Obstruction in the channels. A thrombus in the artery produces obstruction to the supply of blood to some parts of organ, leading to its degeneration: e.g. cerebral or coronary thrombosis and infarction. Biliary and renal calculi also produce the same type of obstruction.

Staimitya: An abnormal feeling similar to that felt on wearing the wet skin of an animal (fresh from slaughter house).[49]

Gaurawa: A sensation of heavyness. Guru, snigdha and pichila guṇas produce sluggishness in the movements and functioning of the body, mind and intellect. It also causes another symptom, viz. excessive sleep (atinidra).

Sōpha (Oedema): Vitiated kapha is an important factor in any sort of oedema or hypertrophy. The oedema is of a non-pitting nature.

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49) . . . . आर्द्रचर्मावनद्धत्वमस्तैमित्यम् । M. N.

Kandū (itching): The klēda and śītatwa produced by kapha leads to this symptom, which is observed in kuṣṭha, pramēha etc.

Apakti (non-digestion): In the digestive system kapha causes indigestion as well as infalmmatory and other types of newgrowths. It prevents the action of pitta which is responsible for tissue digestion. Hence a condition of chronicity (chirakārita) is also produced.

3) The stage of Prasara (spread).

In this kriyākāla dōṣas are in a state of spreading and extending to other parts of the body. If the causes of prakōpa persists, the dōṣas expand, increase and then overflow the limits of their respective places. Suśruta explains this phenomenon with the help of the following two analogies.

1) If starch is soaked and kept overnight it undergoes fermentation and rises up acquiring new qualities.

2) If the water level in a dam rises abnormally, the water overflows interlinking the two sides of the dam so as to create one vast and continuous sheet of water.[50] Vāyu or vāta being the only mobile dōṣa, is responsible for the prakōpa and prasara of kapha and pitta also.[51] Rajō guṇa is maximum in vāyu and it is the stimulating force behind all the creations. The spread of dōṣas may be localised or generalised according

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50) अत उर्ध्वं प्रसरं वक्ष्याम : – तेषामेभिरातंकविशेषै :
प्रकुपितानां किण्वोदकपिण्टसमवाय इवोद्रिक्तानां प्रसरो
भवति ।........यथा ......महानुदकसंचयोऽतिवृद्ध :
सेतुमवदार्यापरेणोदकेन व्यामिश्र : सर्वत : प्रधावति । S.S. Sū. 21/28

51) कुतो दोषाणां मध्ये वायुरेव प्रसरणहेतुरित्याह–
तेषां वायुर्गतिमत्वादित्यादि । S. S. Sū 21/28 Dalhaṇa

to the severity of prasara.

Symptoms of dōṣa pṛasara.

i) Vāta: Being an 'amūṛta dravya' it will not overflow like other dōṣas, but will manifest itself in the form of a change in the direction of its movements making them abnormal (Vimāṛgagamana). Because of this, other dōṣas as well as dhātus and malas may also flow in an abnormal direction. Another symptom produced by vāta is āṭōpa, i.e. sensation of fullness accompanied by a sound.

ii) Pitta: It produces ōsha, i.e. pulling sensation; cuṣa, sucking sensation; paridaha, burning sensation in the vicinity; dhumayana, sensation resembling the eruption of hot steam.

iii) Kapha: Arōcaka(anorexia); avipāka (incomplete digestion); angasāda (languor); chardi (vomiting)etc. are produced.

Kṛiyākāla

	1	2
Interaction of Host and environment	Sancaya	Prakopa and prasara
	(Pre-pathogenesis)	(Early Pathogenesis)
	Promotion of health	Specific protection

3	4	5	
Sthānasamśṛaya or demonstrable early disease	Vyakti advanced manifest disease	Bhēda chronicity	Convalescence
Early diagnosis and prompt treatment	Specific treatment	Limitation of disability and rehabilitation	Rehabilitation and Rejuvenation

CHAPTER 4

DŌṢAGATI AND VYĀDHIMĀRGA

Under pathological and healthy conditions dosas behave in different patterns in regard to their spread, direction of spreading and area of localisation and manifestation. Because of that certain catagories of diseases connected with the direction of dōṣas, i.e. Dōṣagati, and the tract of disease itself, i.e. Vyādhimārga, are produced. The importance of knowing dōṣagati and vyadhimārga is two-fold.

1) In the process of disease dōṣas spread from various kōṣṭhas towards the śākhās. The intensity and severity of this process enhances the seriousness of the disease. 2) From the point of view of treatment it is necessary to bring about an exactly opposite course as a remedy, i.e. to bring the dōṣas from the śākhās back to the kōṣṭha and to remove them from the body by sodhana or to alleviate them in situs. Hence before considering the subject proper it is essential to study the kōṣṭha and the śākhā in detail.

Kōṣṭha and śākhā:

The word kōṣṭha is derived from the union of two padas 'kuṣa' and 'stham'. Kuṣa means a hollow or empty space and stham means a surrounding wall.[1] These hollow parts surrounded by walls are various minute, small or large organs of the body, such as minute secreting glands and the

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1 कुश् – आधारादौ (दञ् कर्तरी), ष्ठम्

कोष्ट – Any viscera of the body - Apte's Sanskrit English dictionary Ed. 1957

viscera like the lung, heart and kidney.[2] The largest viscera of this type in the body is the entire gastrointestinal tract as 'Mahākōṣṭha' or 'Mahāsṛōtas'.[3] As this mahākōṣṭha is situated in the innermost part of the body it is also called as 'Antahkōṣṭha'. All the three dosas appear mainly in mahākōṣṭha for the purpose of the intake, digestion, absorption and excretion of foodstuff. Therefore this is the easiest route for the removal of vitiated dosas. In view of these two important factors related to dosas, the word kōṣtha is generally used as a synonym of mahākōṣṭha in Āyurvēdic texts, unless another kōṣṭha is specifically refered to . But when the root meaning of the word kōṣtha is taken into consideration, it is absolutely wrong to regard the mahākōṣṭha alone as kōṣṭha.

Any viscus having a hollow portion inside and a surrounding wall made of either a muscular membrane, bones or any other tissues deserves to be considered a kōṣṭha. But for the purpose of understanding it better in this context, it is enough to consider the inner hollow portion as the real kostha kuṣa and the outer covering as the śākha (stham) because the meaning of the word kōṣṭha includes both.

The word ' Śṛōtas' also carries the same meaning, i.e. a śṛōtas means any tract, vessel, aperture or cavity, which is covered by some solid tissue (śākha).[4] Minute, microscopic structures, srotasas or kōṣthas, have been described by caraka as 'alaksya'.[5] The vacuole in each and every cell may also be

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2 स्थानान्यामाग्निपक्वानां मूत्रस्य रुधिरस्य च ।
हृदुण्डुकफुफ्फुसश्च कोष्ठ : इत्यभिधीयते ॥ S. S. Ci 2/12

3 अन्त : कोष्ठो महास्त्रोतो आमपक्वाशयाश्रय : । A. H. Sū. 12/46

4,5 स्त्रोतांसि सिराः धमन्यः रसायन्यः रसवहिन्यः
नाड्य : पन्थान :, मार्गा : शरीरच्छिद्राणि, संवृतासंवृतानि,
स्थानानि, आशयाः निकेताश्चेति शरीरधात्ववकाशानां –
नक्ष्यालक्ष्याणां नामनि भवन्ति । C. S. Vi. 5/9

considered a kōṣṭha or śrōtas, and hence, the body cells being innumerable, the śrōtasas also are innumerable.[6]

Anatomically the body is broadly divided into six parts the head, the trunk (kōṣṭha) and the four extremities, (śākha).[7] The middle part or the trunk is composed mainly of hollow viscera all of which are included in the category of kōṣṭha for the sake of broad differentiation; in extremities there is less hollow space and more of compact tissues; hence they are included in the category of śākha.

On the basis of the above definitions of the form and nature of śākha and kōṣṭha, the dhātus which are made up of cellular structures are taken as śākhas. Rasa dhātu is the only exception as it does not contain any cellular structure. Rasa dhātu is fluid in nature and it carries neutrients in a dissolved or transudatory form. Hence it has been included in kōṣṭha.[6] Another reason for including rasadhātu in kōṣṭha is that rasadhatu alone leaves its channel of circulation i. e. rasaraktavahi sira (arteries and veins) and comes in direct contact with the body cells (sarira paramanu) for nourishing

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6 अतिबहुत्वात्खलु कोचित् अपरिसंख्येयान्याचक्षते
स्त्रोंतांसि । C. S. Vi 5/4

7 तस्य षडङ्गं
शाखा चतस्त्रो :, मध्यं पंचमं, षष्टं शिरं इति ॥ S. S. Su. 5/3

8 साक्षात्तु रसानभिधानं हृदयस्थायिनो रसस्य शाखासंज्ञाव्यवच्छेदार्थं,
तस्य हि कोष्ठग्रहणेनैव ग्रहणम् . . . . । C. S. Sū 11/48 (Chakṛa)
रक्तादयो धातवस्तवक् च शाखा ।
A. H. Sū. 12/4 (Aruṇa)

them.[9] (Raktadhātu, also leaves the blood vessels but only in abnormal conditions) . As rasadhātu is always found in one kōṣṭha or another, such as the mahakōṣṭha, the sira or the inter cellular spaces, it is included in kōṣṭha.

All the other six dhātus, from rakta to sukṛa, are made up of particulate or cellular structures. These dhatus consistantly become more and more dense (samhata) and get evolved (utkṛānta). Asthi, majja, and sukṛa dhātus are produced in the last stage of the evolution of the dhatus and being very vital for the body they are regarded as 'marmas' though they are dhātus which can be categorised under 'sākha. Similarly the head (sira), the heart (hṛidaya), the urinary apparatus, including kidney and bladder (basti), and other vital organs are also regarded as marmas. The reason for including asthi, majja and sukṛa in the marma category even though they are really 'sākhas is their vitalness regarding structure and function. The 'samana and the sōdhana of vitiated dōṣas lodged in these dhātus are very difficult. Hence the treatment of diseases of bone marrow such as aplastic anaemias and diseases of the nervous system (majja vikṛuti) as well as the treatment of the diseases of sukṛa dhātu like and oligospermia is either very difficult (kaṣṭasādhya) or even impossible (asādhya).[9]

Relation of dōṣas with kōṣṭha and 'sākha.

Normal diet has the potentiality of producting dōṣas, dhātus and malas in the body. The production of dōṣas occurs from that part of digested and absorbed food material which is

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9 गंभीरं बहुधातुस्थं मर्मसन्धिसमाश्रितम् ।

C. S. Sū. 10/17

not useful for nourishing the dhātus. Such portion is regarded as kiṭṭa or mala. All the three dōṣas originate from this kiṭṭa.[10]

After absorption āhāra rasa passes through three different phases of transformation. The major portion of āhārarasa gets converted into rasadhātu after digestion by rasa-dhātvagni and a minute portion is converted into raktadhātu, kapha being produced as a part of mala or kitta. Similarly pitta is produced from the kiṭṭa portion of the raktadhatu during the formation of mamsa dhatu.[11] Thus the formation of kapha and pitta from food can be easily under stood. But that is not the case with vātadōṣa. This process can be explained only by logical thinking based on the references made in the text. Caraka says that vata is produced as the kitta of food. There are many scholars who think that the gases produced at the end of digestion and expelled through the rectum are vāta dōsa. But authors totally disagree with this concept. Food after absorption is transformed into different dhātus. These dhātus are utilised as fuel for the liberation of energy which is required for the activities of the body. The kiṭṭa portion or the excretory substances produced in the form

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10 तत्राहारप्रसादाख्यो रसः किट्टं च मलाख्यमभिनिर्वर्तते ।
किट्टात् स्वेदमूत्र पुरीषवातपित्त श्लेष्माणः
कर्णाक्षिनासिकास्यलोमकूप प्रजननमला :
केशश्मश्रुलोमनखादयश्चावयवा : पुष्यानि C. S. Sū 28/4

11 तेषां रसादीनां मलस्थूलाणुभागविशेषेण त्रिविध : परिणामो
भवति, तद्यथा अन्नात्पच्यमानाद्विण्मूत्रं मलः, सारो रस : ; ।
रसात् अग्निपक्वान्मलः कफ :, स्थालों भागो रस :, अणुभागो
रक्तं . . . . । S. S. Sū 14/10 (Dalhana)

of matter during this process are carbon dioxide, (which is expelled through the lungs) and the liquid substances thrown out as sweat and urine (klēda). One portion of the utilised dhātus cannot be unaccounted for in the form of matter. It is utilised for body activities in the form of energy. This energy is derived from the utilisation of food in the form of dhātus, and this process may be regarded as formation of vāta dōṣa. Hence the measurement of vāta dōṣa is linked with dhātu ksaya or utilisation of dhātus in the body.

Dōṣas produced in this way are essential for all the activities of the body, kapha for building up tissues, pitta for anabolic and katabolic conversions and vāta for impulses and movements of all kinds. These three functions take place all over the body even at the cellular and psycho-intellectual level. For the performance of all these functions dōṣas must pervade the whole body. Hence they have to be moving from one area to another at all times. Kapha and pitta being liquids inform they travel along different channels or kōṣṭhas and enter the cells and tissues (śākhas) in order to maintain contact with them. Thus dōṣas are constantly passing from kōṣṭhas to śākhas and from śākhas to kōṣṭhas according to requirements. They enter the kōṣṭhas for the intake and digestion and return to the śākhas when that function is over.

The function of vata is manifested in a somewhat different form which has been described in the last chapter under heading 'symptoms of vātaprakōpa'. The essential things of intake are air, water and food. For their intake, digestion and assimilation, the respiratory and digestive tracts (or kōṣṭhas) have been formed in the body. Dōṣas came to these kōṣṭhas from the neighbouring śākhas mainly for the

purpose of intake, assimilation and digestion. This is called the 'kōṣṭha gati' of dōṣas. When this function is over the major part of the dōṣas re-enter the small kōṣṭhas situated in śākhas (glands) or the parenchymal cells. For example pitta (bile) re-enters the liver and then go to the gall bladder (kōṣṭha) after the digestion of food. This to-and-fro passage of dōṣas takes place smoothly under the normal physiological conditions. When dōṣas get vitiated this smooth transit is hampered for three reasons. 1) In the vitiated condition, dōṣas get increased and swollen 2) A sticky (pichila or styana) and heavy (guru) substance named 'Ama' is produced and gets mixed up with the dōṣas making them sama dōṣas. 3) The vitiated dōṣas produce pathological changes, either structural or functional or both, in the dhatus or śākha (sṛōtōvaigunya). Instead of freely moving between śākha and kóstha, sāma dōṣas stick on to the already vitiated śṛōtasas. The entire process is called sthānasamśṛaya of dōṣas in dhātus. This divertion of dōṣas from physiological to pathological activity is known as śākhāgati.

Inter relation of Kōṣṭha and śākha

Kōṣṭhas or śṛōtasas exist in the body for the purpose of collection, propogation and circulation of solid, liguid or gaseous substances. The śākhas surrounding the kōṣṭhas must be suitable, structurally and functionally, for the performance of this function. Their efficacy depends upon the healthiness of the lining membrane, the elasticity of the musculature and its strength. When dōṣas get vitiated they come into contact with the śākhas surrounding various kōṣṭhas. Their anatomical consistancy is disturbed and their function hampered. This phenomena affect the normal transit of dōṣas, ie dōṣagati. The

nature of the pathological condition produced in śākhas varies according to the type of dōṣaprakōa, ie, vāta, pitta or kapha, which is predominant because they damage the śākhas or dhātus in different ways. Pitta produces inflamatory and degenerative changes causing ulceration, perforation or distruction of the wall (dhātupāka). Vata produces śōṣaṇa, i.e. complete destruction and absorption of the normal tissue cells or parenchyma. Thus the pathological condition produced by these two dōṣas will result in the diminution of the śākha portion and in the increase of the kōṣṭha portion or in cavity formation. Kapha dōṣa causes either some abnormal deposits on the lining membrane affecting its elasticity or hypertrophy or disturbance in movements like contraction and dilatation. The total effect of all these conditions leads to mārgāvarōdha.[12]

The disturbance of the relative integrities of the śākha and the kōṣṭha either structurally or functionally by dōṣas is the disease pathology in its real sense. It produces either an abnormal and pathological kōṣṭha destroying the śākha or an abnormal śākha portion minimising the cavity or kōṣṭha. Destruction of the wall of an artery produces aneurism; destruction of renal parenchyma leads to hydronephrosis; pulmonary tuberculosis causes cavity formation in the lungs; increased acidity causes ulcer formation. All these exemplify abnormal kōṣṭhas. On the other hand renal and urinary calculi, atheromas in the arteries, tubal pregnancy and hypertrophy of membrane, muscle, cartilage or bone are the examples of

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12 दोषः प्रकुपितो धातुन्क्षपयत्यात्मतेजसा ।
इद्धः स्वतेजसा वह्निः उखागतमिवोदकम् ॥
. . . . . . तत्र पित्तं कडुकोष्णत्वातत्धातुन्क्षपयति,
वायुश्च शोषणहेतुत्वात्कफो मार्गावरोधकत्वात् ।   S. S. Su. 15/36 (Dalhaṇa)

expansion of śākhas accompanied by a diminition of kostas where space occupying lessons are produced.

The modern methods of investigation like X-ray, biopsy various scopies (gastroscopy, sigmoidoscopy etc), pyelography and barium meal X-ray are helpful in finding out the pathological changes related to kōṣṭha and śākha. They can also be relied upon to understand the curability or incurability of the disease as well as to determine the effect of the treatment. In the light of this discussion regarding śākha and kōṣṭha, readers should be able to follow dōṣagati and vyādhimārgas.

Dōṣagati

In Caraka Sūtrasthāna, chapter ll, five types of dōṣagatis have been described.[12]

1) Kṣaya-sthāna-vriddhi: Decrease of dōṣas, their normal state and their increase constitute one type of dōṣagati. Cakrapāṇi who has commented on them, states that they do not really represent dōṣagati and are merely stages of dōṣas.[14] These stages have already been described in the last chapter.

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13 क्षय : स्थानं च वृद्धिश्च दोषाणां त्रिविधा गति : ।
उर्ध्वं चाधस्च तिर्यक्च विज्ञेया त्रिविधाऽपरा ॥
त्रिविधा चापरा कोष्ठशाखामर्मास्थिसान्धिषु ।
इत्युक्ता विधिभेदेन दोषाणां त्रिविधा गति : ॥
चयप्रकोप प्रशमा : पित्तादीनां यथाक्रमम् ।
भवन्त्येकैकश : षट्सु कालेष्वभ्रागमादिषु ॥
गति : कालकृता चैषा चयाद्या पुनरुच्यते ।
गतिश्च द्विविधा दृष्टा प्राकृति वैकृति च या ॥ C.S. Sū. 17/112-115

14 ....गति : प्रकारोऽवस्था वा । Ibid

2) Ūṛdhva-adhah-tiryak- These dōṣagatis are helpful in finding out the direction and force of vitiated dōṣas. In ūṛdhvagati the dōṣas travel or progress towards the upper part of the body, as in diseases like chaṛdi, kāsa and pīnasa. While in adhōgati the dōṣas travel in a downward direction as in diseases like atisāra (diarrhoea), pravahika (dysentry) adhōga raktapitta and menorrhagia. An important point to be noted about uṛdhva and adhogatis is that dōṣas mostly remain in their natural kōṣṭhas and come out through the natural outlets of the body like mouth, nose, rectum, vagina and urethra. In tiryakgati dōṣas travel from kōṣṭha towards śākhas, i.e. instead of remaining in the kōṣṭha they come in to direct contact with different dhātus and get themselves embeded in them. It has already been mentioned that rasadhātu is included in the kōṣṭha category and not in śākha. Therefore when dosas are circulating with rasadhatu alone they can be brought back very easily in to their, natural kōṣṭhas and driven out from the body by śōdhana or made to subside there itself by śamana as in the treatment of Jwara. But when dōṣas penetrate uttaradhātus like rakta, mamsa etc. it becomes more difficult to bring them back in to the kōṣṭha. In tiryakgati the dōṣas instead of remaining adhered to śākhas alone sometimes get accumulated in potential cavities or kōṣṭas where there is no natural outlet; eg. peritoneum, pericardium, pleura, meninges etc.

3) Kōṣṭha-śākha-maṛmāsthisandhigati

At the beginning of this chapter it has been explained that during normal physiological activities dōṣas travel from śākhas to the kōṣṭha and return to śākha again, this being their normal movement between kōṣṭha and śākha. We have also seen that the advancement of pathological conditions takes

place during the transit of vitiated dōṣas from kōṣṭha to śākha, ie śākhagati. While the body is recovering from this condition either by treatment or due to the natural tendency of the body (swabhāwa) dōṣas are brought to samyāvastha (equilibrium) and this is done by bringing them back to the kōṣṭha and eliminating them through the upper or lower orifices. This is called kōṣṭhagati. As marma, asthi, and sandhi are included in śākhas the passage of dosas into them can only be called śākhāgati.

Thus it may be seen that dōṣagatis described in (2) and (3) are in fact kōṣṭhagati and śākhāgati. A knowledge of these dōṣgatis is vital i) for the diagnosis and prognosis of the disease pathology and ii) for the determination of the nature of treatment. Śākhāgati of dōṣas suggests an advancement of pathological conditions and kōṣṭhagati indicates recovery from it. A knowledge of ūṛdhwagati and adhōgati is important in selecting the type of śōdhana treatment. When dosa exhibit ūṛdhvagati it is advisable to adopt treatments like vamana, niṣkāsana (expectorants) and nasya and when dōṣas have adhogati measures like virēcana, vasti and uttaravasti should be employed. The only exception to this is in the case of Raktapitta vyādhi. In the samavastha of this disease the treatment of śōdhana must be used in a direction opposite to dōshgati, i.e. adho sodhana in urdhvaga raktapitta and uṛdhva śhōdhana n adhōga raktapitta.[15] Similarly when dōṣas are in tiryakgathi śōdhana treatments like raktamōkṣa should be chosen.

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15 प्रतिमार्गं च हरणं रक्तपित्ते विधीयते । C. S. Ni. 2/19

4) Caya-Prakōpa and Praśama or kālakrutagati-

The Caya, prakōpa and praśama of dōṣas occurring due to variations of seasons or ritus constitute kālakruta gati. The details of it have already been stated in the last chapter.

5) Prakruti and Vikruti gati

The dōṣagati connected with physiological activities is known as Prakruti gati and that connected with pathological conditions is called vikruti gati.

Vyādhimārga:

The first three types of dōṣagatis, i.e. kōṣṭhagati, 'śākhāgati and marmāsthisandhigati produce diseases in three different tracts are called vyādhi mārgas. They are kōṣṭhamārga, 'śākhamārga, and marmāsthi sandhi mārga.[16] As a particular dōṣagati is responsible for a particular vyadhimarga, in pathological conditions dōṣagati can be considered as the cause and vyādhimārga as its effect. Caraka has described a group of diseases related to each vyādhimārga.

Kōṣṭhamārga[17]: As kōṣṭhagati brings dōṣas into the kōṣṭha and thereby helps the resolution of pathology, the diseases related to this tract are considered to be easily curable (Sukhasādhya) Diseases related to kōṣṭhamārga: eg: fever (jwara), diarrhoea (atisāra), vomiting (chardi), retention of

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16 त्रयो रोगमार्गा इति – शाखा, मर्मास्थिसन्धय : कोष्ठश्च । C. S. Sū. 11/48

17 ज्वरातिसारच्छर्दयलसक विषूचिका कास–
श्वासहिक्कानाहोदरप्लीहादयोऽन्तर्भागजाश्च विसर्प
श्वयथु गुल्माशोविद्रध्यादय : कोष्ठानुसारिणो
भवन्ति रोगा : C. S. Sū. 11/49

food in the stomach due to obstruction (alasaka), cholera (viṣūcika), cough (kāsa), breathlessness (śvāsa), hiccough (hicca), flatulence in abdomen (ānāha), udara, and diseases of the spleen and liver (plīhādayāh). When the following diseases occur in connection with the gastrointestinal tract (kōṣṭha) they are grouped under kōṣṭhamārga:-Rapidly spreading and acute inflammatory process (visarpa), oedema (śvayathu), gulma, piles (arśa), abscess (vidradhi) etc. The use of the word 'ādayah' by caraka suggests that other diseases which are not mentioned in this list but are related to the gastro-intestinal tract should also be included in this category: eg. indigestion (ajirna) loss of appetite (agnimāndya) sprue (grahani), hyperacidity (amlapitta), peptic ulcer (āmāśya vraṇa). worms (krimi) etc.

Śākhāmārga[18]

As asthi, majja and sukla are grouped under madhyamamarga, and rasa under kōṣṭhamārga, the remaining three dhātus, i.e. rakta, māmsa and mēda come under śākhāmārga.[19]

When diseases like thyroid enlargement (ganda), pustule(pitaka) and various skin diseases (kustha) and others like visarpa, śvayathu, gulma, arsa and vidradhi occur in relation to the external skin or muscles, they are grouped under śākhāmārga.

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18 शाखा रक्तादयस्त्वक् च बाह्य रोगायनं हि तत् ।
तदाश्रया . . . . शोफादयो गदा : ॥ A. H. 12/44

19 तत्र गण्डपिडका . . . . . . आदय : शाखानुसारिणो भवन्ति रोगा : ।
C. S. Sū. 11/49

Madhyama mārga: Caraka and Vāgbhaṭa have mentioned bones (asthi) and their joints clearly under madyama mārga. Diseases like hemiplegia are included in the same category. This suggests that majja dhatu is also considered as coming under this mārga. Sukṛa dhātu is formed after the formation of asthi and majja. It is also very difficult to treat the diseases of sukṛa dhātu. Hence sukṛa dhātu is included in this mārga. The following diseases are also listed under Madhyama marga. Hemiplegia (pakṣavadha), inability to move joints or muscles and their painful movements, (graha), facial paralysis (ardita), atrophy (śōsa) eclampsia or transient unconsciousness coupled with rigidity of the body caused by abortion, trauma, severe blood loss etc. (apatantraka), hysteria-like symptoms (apatānaka), cachectic condition mainly due to tuberculosis (rājayksma), pain in joints and bones (asthi-sandhi súla), rectal prolapse (gudabhṛamśa) etc. and the diseases of heart, brain, kidney and urinary apparatus.

Importance of the knowledge of Dōṣagati and Vyādhimārga:

In the 29th chapter of sūtṛasthāna Çaraka has explained the causes and effects of the transit of dósas from kōṣṭha to śākha and from śākha to kōstha. He says that a knowledge of these paths and directions of dōṣas helps the prevention of diseases and their cure also[20]. Causes of transit of dōṣas from kōṣṭha to śākha [21]:-i) Over exertion: Activities like walking, running, playing, and hard physical work, leads

20 अजातानामनुत्पत्तौ जातानां विनिवृत्तये ।
रोगाणां यो विधिर्दुष्ट : सुखार्थी तं समाचरेत् ॥ C. S Sū. 28/34

21 व्यायामादूष्मणस्तैक्ष्ण्यात् हितस्य अनवचारणात् ।
कोष्ठात्शाखा मला यान्ति द्रुतत्वात्मारुतस्य च ॥ C. S. Sū. 28/31

to vātaprakōpa. This vitiated vata pushes dōṣas from kōṣṭha to śākha. The over exertion also increases the body heat, the rate of heart beat and cardiac output and respiration. All these conditions also help the above pathological change by increasing the permeability of the capillaries and expelling their contents (including dōṣas) into tissue spaces (śākhas). This movement of dōṣas from kōṣṭha to śākha due to vātaprakōpa is called kōṣṭhapakarṣaka gati. ii) Increased power of agni (Ūṣma): The physiological tendency of dōṣas is mainly to come into kōṣṭha from śākhas especially for the purpose of digestion, which is the normal function of jaṭharāgni. In the pathological increase of agni, its uṣṇa and tikṣṇa quālities are intensified, leading to liquefaction of dōṣas[22]. This liquefaction increases the quantity of dōṣas because of which they travel from kōṣṭha to śākha, as we have already seen in the case of dōṣaprakōpa and prasara. Increased heat in the surrounding atmosphere also causes similar effects; for example in hot seasons like summer (griṣma) the increased heat prevents transit of dōṣas from śākhas to kōṣṭha (G.I.tract) leading to a reduction of appetite in all individuals; on the contrary this increased heat leads to transit of dōṣas towards śākhas; hence the majority of diseases occur in this season. It is commonly observed that persons working in hot surroundings, for example near furnaces suffer from loss of appetite and indigestion.

iii) Improper behaviour and food habits (ahitācaraṇa): It leads to excessive vitiation and increase of dōṣas as well as their transit to śākhas by the process of permeation.[23]

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22 ....ऊष्मणो वह्नेः तीक्ष्णत्वात् विलायिता दोषाः शाखांयान्ति । Chakrapāṇi Ibid

23 ....दोषो जलापूरवदवृद्धः स्वस्थानम् आमप्लाव्य स्थानान्तरं याति। Chakrapāṇi Ibid

iv) Increased activity of vāta (drutatva): It increases the speed of flow of dosas pushing them to śākhas. The classical example of the same is the drying up of the mouth after physical exercise; it is because the bōdhaka kapha or saliva which comes into the mouth under normal condition is expelled to śākhas.

Effects of the transit of dōṣas from kōṣṭha to śākha[24].

Vitiated dōṣas have always a tendency to produce the disease. When other factors like climate, body resistance etc are favourable under such conditions, they result in disease immediately[25]. But when the conditions are not favourable they remain dormant (lean) in śākhas, waiting for favourable conditions. The period between the entry of dōṣas in to śākhas and the disease formation also depends on the quantity and strength of vitiated dōṣas.

The above mentioned causes not only produce the disease but also increase its severity by making dōṣas go deeper and deeper into śākhas (dhātugatāvastha) if the causes continued to exist. It is to prevent such a development the rest, dietary control etc. are being advised during the period of disease.

Methods of correcting the pathological development:

Thus we see that the development of disease means the transit of dōṣas from kōṣṭha to śākha. Naturally the remedy

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24 तत्रास्थाश्च विलंबन्ते कदाचिन्न समीरिता : ।
नादेशकाले कुप्यन्ति भूयो हेतुप्रतीक्षिण : ॥ C. S. Sū. 28/32

25 . . . . बलवत्वान्न् ते ईरणादि अपेक्षन्ते । Ibid Chakrapāṇi.

will be either (1) to bring dōṣas back to kōṣṭha and remove them through the nearest available tract whenever possible, or (2) to supress them when removal is not suitable[26]. The ideal remedy is the first one, ie to bring dōṣas into kōṣṭha and remove them. Hence Vāgbhaṭa has explained the methods of doing that in detail.

Methods of bringing dōṣas into kōṣṭha [27].

i) Śrōtōmukhaviśōdhana:- In the pathological process the openings or apertures of śrōtasas get blocked by sāma dosas, which prevents the return of dōṣas from śākha. Hence various measures are necessary to dilate the tracts or srotasas and their openings. The process of oleation (snēhana) and sudation (svēdana) are the most important measures adopted. Oleation removes the stiffness and rigidity of śrōtasas while sudation dilates the śrōtasas. Uṣṇa vīrya are the other means of dilating the śrōtasas in the body; for example haritala dilates constricted bronchioles if given in tamakavāsa.

ii and iii) Vṛiddhi and Abhiṣyanda: Vṛiddhi [28], means quantitative increase of dōṣas and abhiṣyanda means liquefaction of dōṣas which helps the process of vṛiddhi[29]. The dōṣas increased and liquefied by these remedies fill up their śrōtasas

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26 शमयेत्तान्प्रयोगेण सुखं वा कोष्ठमानयेत् ।
ज्ञात्वा कोष्ठप्रपन्नांश्च यथासन्नं विनिर्हरेत् ॥ A. H. Sū. 13/22

27 दोषा यान्ति तथा तेभ्यः स्त्रोतोमुखविशोधनात् ।
वृद्ध्यभिष्यंन्दनात्पाकात् कोष्ठं वायोश्च निग्रहात् ॥ A. H. Sū 13/18

28 वृद्धि : स्वप्रमाणातिरेक : । Aruṇadatta (Ibid)

29 अभिष्यन्दनं द्रवीभाव : । Hēmādri

and try to con. ·to the kōṣṭha. Pathological conditions are a¹ vays due to increase of dōṣas and hence the remedy appears in decreasing them. But here we are adopting the exactly reverse process. One may think that there is a contradiction; but that is not the case. In fact here we increase dōṣas only for a very short period and the ultimate purpose is to decrease them by removal (śōdhana). In these measures of vṛiddhi and abhisyanda a diet and daily routine are prescribed for increasing particular dōṣas. For example curds, salt and rice are given to increase kaphadōṣa.

iv) Pāka: It is the liquefaction of dōṣas by the process of digestion which is achieved by means of the usna and tīkṣṇa qualities. On the other hand in abhisyandana (liquefaction) is performed without resorting to the process of digestion; using śīta, snigdha and abhisyanda qualities. Sudation also helps the process of pāka[30]. Dōṣas increased and liquefied by pāka follow the path towards kōṣṭa very easily without sticking to the walls of the śrōtasas.

v) Vāyu Nigraha: This means decreasing the activity of vāta, by controlling the various action and activities of the body. As we have already seen, increased activity of vāta tends to push dōṣas towards śākha. Naturally decreased activity of vāta will be helpful for reversing the process. This can be achieved by taking proper rest and by minimising the rate of respiration by prāṇayāma. As all the activities of the body are mainly dependent on respiration, the prāṇāyāma will automatically minimise the tempo of activities.

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30 .... स्वेदस्तु दोषं नयति द्रवत्वम् । C.S. Si. 1/7

Prāṇāyāma is also a type of exercise, a unique speciality of yoga. But this exercise differs from other muscular exercises. In prāṇāyāma physical activities are minimised, and this helps the passage of dōṣas towards kōṣṭa, which is essential for the maintenance of normal health as well as cure of diseases. Muscular exercises on the other hand increase all the activities of the body like respiration, heart beat, muscular contraction etc. because of which dōṣas quickly proceed towards śākhas, as the activity of vata dosa is also increased. Longevity of life is observed among persons who perform prāṇāyāma regualarly, while persons who perform heavy muscular exercises, such as wrestlers, weight-lifters and athelets enjoy shorter span of life.

From the above it may be seen that Indian sciences attach greater importance to the maintenance of the healthy state of various kōṣṭas than to the mere development of śākhas like muscles (māmsa dhātu) for the sake of beautiful appearance. Ten types of clinical examinations are described in Caraka Vimāna, chapter 8 one of which being the examination of kōṣṭa. Three types of kōṣṭas are identified, namely mridu, madhyama and krūra, on the basis of the effect of virēcana (purgation). The nature of a kōṣṭa reveals the tendency of the body, ie. whether the tissues of the body are such as to allow the body-constituents which are fluid in nature to move towards kōṣṭa very easily (mṛidu kōṣṭa), moderately (madhya kōṣṭa), or with difficulty (krūra kōṣṭa). This tendency of the body depends mainly upon the nature of the surrounding walls (śākha). In persons of vātaprakṛuti this wall is rigid; in those of pitta prakṛuti it is more elastic and in those of kapha prakruthi it is of moderate nature. Even though this kōṣṭha parīkṣa has been explained in relation to mahākōṣṭha by

Caraka, the concept can be extended to other kōṣṭhas like the nasal and respiratory passages also.

Āśayāpakarṣa Gāti:

This peculiar type of dosagati has been explained by Madhukōsa, a commentator of Mādhavanidāna.[31] Some times a resultant effect of the conditions of the three dōṣas, i.e. a state of equilibrium, decrease or increase, shows a peculiar type of symptomatology. The nature of treatment required for the same is also peculiar. Therefore this phenomenon deserves special consideration. This phenomenon occurs in the following manner: kapha dōṣa or pitta dōṣa decreases from the normal and vāta dōṣa increases. Suppose kapha dōṣa is in equilibrium and pitta is reduced; then the increased vata will drag out kaphadōṣa which is in equilbrium and push it towards the site of pitta, producing the symptoms of kapha prakōpa.

In this context one may raise the question why the symptoms of kaphaprakōpa appears when there is a state of equilibrium. The explanation given by madhukōśa is as follows;, Kapha moves from its original area to that of other dōṣas and this quantity of kaphadōsha is added to the quantity of it already present at that place. The line of treatment adopted in this case has a peculiarity. Even though the symptoms are those of kaphaprakōpa, the treatments are those given for vitiated vatadōṣa. It is because vatadōṣa is the factor responsible for this pathologic development. In short, the treatment for āśyāpakarṣa is nothing but the treatment for vāta dōṣa, irrespective of the symptoms which are of kapha or pitta.

31 यदा स्वमानस्थितमेव दोषं स्वाशयादाकृष्य वायु : स्थानान्तरं गमयति तदा समानस्थोऽपि स विकारं जनयति । M.N. 1/4 Madhu

CHAPTER 5

CONTRIBUTORY FACTORS FOR VYĀDHI

Vyādhi or disease in the effect of dōṣa-dūṣya sammurchana, which is also called as Samprāpti. Along with dōṣa and dūṣya factors like agnimāndya, āma and srōtōvaiguṇya play an important role in the formation of disease. Hence a detailed knowledge of all these factors is very essential for the clear understanding of the disease process or samprapti.

1) Concept of dōṣa in relation to disease:

It has already been seen that vitiated dōṣas are the prime important factors for a disease, because they are the only causative factors for the vitiation of other body elements like dhātus, malas and srōtasas.[1] A preliminary description of dōṣas is already been given in the last chapter.

Decreased dōṣas are not capable of progressing through the stages like sancaya prakōpa etc. to produce samprapti. Hence here we have to consider only the increased dōṣas. They manifest their increase through different specific symptoms which have been described by Caraka as specific effects of the vitiation of particular dōṣas, i.e. ātmarūpas of dōṣa.

A knowledge of these specific symptoms is essential for the diagnosis of vitiation of a particular dōṣa irrespective of other factors of disease. For example any vātavyādhi will

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1. स्वातन्त्रेण दूषकत्वं दोषत्वं M. N. 1/4 Mathu.

show these specific symptoms (ātmarūpa of vāta) under any condition.

Ātmarūpas or Specific Symptoms of Vāta:

It is but natural that vāta produces symptomatic effects according to its qualities like rūksa, laghu, 'sīta etc. The symptoms identified are dryness or roughness (rūksatva). coldness (sitatwa), feeling of lightness (lāghava) disintegration and looseness of the components (vaiśadya) speedy activities (gatimatwa), disappearance of the component leaving the empty space behind (or sometime replacement o the space by non-parenchymal fibrous tissues-amūrtatwa instability (anavasthitatva)[2].

To understand these effects clearly, we must take int consideration the process of functioning of vāta dōṣa. Vāta i the only factor responsible for each and every minute or majc activity occurring at the mental or physical level in the bod Its action is manifested in the form of stimulus either i maintaining or in controlling the activities; for example Gastr colic reflex is the stimulus, which maintains the contractio of the large intestine during the process of defaecation ar controls its contractions after the act is completed, all the being done by vāta dōṣa. The same phenomenon is observ in other activities like secretion, digestion, locomotion e Thus the action of vātadōṣa is manifested by various movemei like impulses contractions, flow and circulation of kapha a

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2. रौक्ष्यं शैत्यं लाघवं वैशद्यंगति – अमूर्तत्वं, अनवस्थितत्वं च इति वायोः आत्मरूपाणि । C. S. Sū. 20

pitta dōṣas as well as those of all dhātus, malas etc. in srōtasas. The stimulus of vāta is conducted mainly through the nervous system and manifested through the action of the musculature of a particular cell or tissue. During all these activities of vāta nutrients like snēha dravyas are utilised by the tissues for producing the energy required for such activities. Unless the utilised substances are replaced the activities become sluggish. The faster the activity the greater will be the utilization of substances, specially that of snēha dravyas which produce rūkṣatwa.

Tissue cells contain two types of components, one which remains part and parcel of the cell — structure and is called the element constant (pōṣya dhātwamśa) and another which is mainly a food substance of the cell, and can get increased or decreased without damaging the cell, known as the element variable, (pōṣaka dhātwamśa).[3] When activities take place within the normal physiological limits and even during hyperactivities upto a certain extent the exhausted nutrients like snēha dravyas are replaced again and again and equilibrium is maintained by removing the rūkṣatwa. But when activities are very rapidly increased and there is no scope for such replacement, the substances which constitute the element constant are also utilised to maintain the activities at the cost of the components of the cell-structure. Under these conditions a state of extreme dryness and roughness are produced by the process of disintegration which may be called visadatwa. Owing to the severe loss of components the cells

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3. ...... स्रोतसा च यथास्वेन धातुः पुष्यति धातुत : .... C. S. Ci 8/39 and commentary by Shivadāssen.

and tissues are reduced in size and weight (lāghava). Similarly the tissue fails to respond to the stimulus for action and there is very little or no liberation of heat and energy, resulting in the coldness of the part (sītatwa). Coldness sets in after rapid activities for a shorter period when the element constant or pōṣya dhātu is not lost. But in this case the coldness disappears within a certain period if rest is given to the part.

When the element constant is lost the cell dies and disintegrates by the process of degeneration and necrosis leaving an empty space behind which is called as amurtatwa. Afterwards a process of repair takes place and the space is occupied by the same type of cell wherever possible. But very often it becomes impossible and the space remains a cavity or gets filled in by a fibrous connective tissue producing structural and functional instability (anavasthitatwa). Hence while diagnosing and treating diseases connected with vāta dōṣa all these factors have to be borne in mind.

Specific symptoms of pitta dōṣa

Pitta produces effects like generation of heat (uṣṇatwa), tendency for irritation or penetration (tīkṣṇatwa), liquefaction due to digestion (dravatwa), minimization of snēha (anatisnēha), colouration other than those of white and darkbrown (aruṇa) colour, acidic odour (visragandha), hot and sour taste.[4]

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4. औष्ण्यं तैक्ष्ण्यं द्रवत्वं, अनतिस्नेहो, वर्णश्च शुक्लारुणवर्जो
गन्धश्च विस्रो रसौ च कटुकाम्लौ सरत्वं च पित्तस्य
आत्मरूपाणी । C. S. Sū. 20-15

In the pathological process caused by vitiated pitta and abnormal digestive process also takes place in the concerned part and this raises the temperature of that part or the entire body (uṣṇatwa). The rise in temperature may be felt by the patient or perceived by the physician. Due to the process of abnormal digestion, which includes autolysis, a state of acidosis is produced in the affected part or in the whole body giving it a peculier acidic odour (visra gandha). Sneha is utilised for this digestive activity and hence its quantity decreases (anatisnēha), A liquefaction also takes place (dravatwa). In any digestive process, either physiological or pathological, the rasa of the substance is undergoing digestion gets changed from madhura (sweet) to amla (sour) and then to kaṭu. Hence amla and katu rasas are produced in pitta vikṛuti.

Specific symptoms of kapha dōṣa

Kapha produces śītatwa, snigdhatwa, gurutwa mādhurya, pallor or white colouration, stability and stickiness (picchilatwa).[5]

The qualities of kapha are identical with those of Jala Mahābhūta. Hence the coldness of kapha is associated with guru and snigdha qualities. Here lies the difference between the śita quality of vāta and that of kapha. The śita quality of vata is always associated with rūkṣa and laghu qualities and that of kapha with snigdha and guru qualities.

Under pathological conditions kapha produces the following effects either locally or in the entire body, according

5. स्नेह, शैत्य, शौक्ल्य, गौरव, माधुर्य, स्थैर्य, पैच्छिल्य,
मात्स्नयानि श्लेष्मण : आत्मरूपाणि । C.S. Sū. 20/18

to the nature of the samprāpti.

Snigdhatwa, śitatva and gurutwa of the affected part increases. Temperature goes down. The part appears paler and whitish. Stickiness, slow or sluggish movements and stagnation will be felt. There may be shivering or a feeling of coldness in the body.

A knowledge of these specific symptoms helps the physician in treating the condition using the method of treatment adopted against the particular dōṣa (dōṣa pratyanika), even without a detailed knowledge of the other factors of samprāpti. This treatment may not be an ideal one; still Āyurvēda attaches great importance to the dōṣapratyanīka treatment.

Different types of vitiation of dōṣas are described in Āyurvēdic texts. They are the following:

1) Normal and abnormal vitiation (prākruta and vaikruta dushti)[6]:

Normal vitiation is the vitation which are produced by inevitable and natural factors like seasonal and diurnal variations or various stages of digestion. This type of vitiation is very easy to treat and very often it does not require treatment as the condition subsides automatically.

For example kapha gets vitiated in Vasanta ritu, and the vitiation subsides in grīṣma ritu. Vitiation of other dōṣas

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6. प्रकृतो यथा–वसन्ते श्लेष्मा, शरदि पित्तं, प्रावृषि वायु : ।
वैकृतस्तु यथा – वसन्ते पित्तं वायुर्वा, वर्षासु कफः पित्तं वा,
शरदि कफो वायुर्वा । अस्य प्रयोजनं सुखसाध्यत्वाद । M. N. 1/4 Madhu

than such specific ones assigned to the respective seasons is called abnormal vitiation or vaikṛuta duṣti. eg: vitiation of pitta or vāta in vasanta ṛitu, that of kapha and pitta in varṣa ṛitu and vitiation of kapha and vāta in sarad ṛitu. This type of vitiation is not easy to treat as it does not subside with the change of season.

2) Swatantra and Paratantra (Independent and dependent) vitiation[7]:

i) In independant vitiation the etiological factors are specific for that particular dōṣa. The pathology manifests with the clear cut symptoms of that particular dōṣa and vitiation subsides by the specific treatment of that dōṣa. Hence such dōṣa is also called as Anubandhya or Pradhāna . i.e. major-dōṣa. This type of categorization becomes necessary for the following reasons. Particular rasas are favourable for the vitiation of particular dōṣas. But some rasas are common to more than one dōṣa e.g. madhura, amla, and lavana rasas vitiate kapha dōṣa and amla, lavaṇa and kaṭu rasas vitiate pitta dōṣa. Here amla and lavaṇa rasas are common for to both. Hence if kapha is vitiated due to all these three rasas and not by madhura only, some amount of pitta will also get vitiated due to the amla and lavaṇa rasas. Here kapha will be the major or independent dōṣa while pitta will be the minor dependent or anubandha dōṣa. The minor dōṣa shows characteristics opposite to those of the major dōṣa. In other words the causative factors of the minor dōṣa are not entirely its own; hence the symptoms

7. अनुबन्ध्यानुबंधभेदाच्च द्विधा । अनुबन्ध्य : प्रधानं, अनुबन्धो : अप्रधानम् . . . . M. N. 1/4 Maadhu

of such vitiated dōṣa are not clear and specific treatment is not required, as this vitiation subsides automatically with the treatment for major dōṣa.

3) Vitiation identical and non-identical with prakṛuti: (Prakṛuti Vikṛutigata duṣṭi):[8]

If the vitiation of dōṣa is identical with the prakṛuti of an individual it is called as prākṛutika vitiation; e.g.; vitiation of vāta in vāta prakṛuti. When the prakṛuti is nonidentical with the vitiated dōṣa the latter is called as vaikṛutika vitiation. Prākṛutika vitiation is difficult to treat as the strength of dōṣa gets increased, while it is easy to treat vaikṛutika vitiation.

4) Vitiation according to dōṣagati:

This type has already been described in the chapter on dōṣagati and vyādhimārga.

5) Dual and triple combination of vitiated dōṣas (Samsarga and Sannipāta of dōṣas):[9]

Some diseases develop due to vitiation of one dōṣa while in some other diseases two or even all the three dōṣas take part. When two dōṣas take part in samprāpti it is called samsarga and when all the three dōṣas are involved it is called, as sannipāta. From the treatment point of view every dōṣa has

8. प्रकृतिविकृतितो यथा – वातप्रकृतेर्वातरोग : कष्टसाध्यो भवति . . . . । M. N.1/4 Madhu

9. शरीरदोषाणामेकाधिष्ठानीयानां सान्निपात : संसर्गो वा
समानगुणत्वात् ; दोषा हि दूषणौ : समाना : । C.S. Vi. 6/10
तत् त्रिकं सान्निपातमाचक्षते, द्वयं वा संसर्गम् । C.S. Vi. 6/11

equal importance in samsarga and sannipāta, even though the intensity of vitiation varies. It is because the dōṣas are vitiated by their own etiological factors and show their own symptomatology. Hence each dōṣa require specific treatment. That is not in the case with major and minor vitiations of dōṣas (refer no.2 above)

Dual combination (Samsarga): Very often etiological factors like abnormal food and behavior and seasonal variations vitiate two dōṣas instead of one. For example abnormal combination of food materials having madhura and kaṭu (hot) rasas will vitiate both kapha and pitta. Similarly over working in damp place or in water will vitiate kapha and vāta together, producing āmavāta. In vasanta ṛitu in addition to kapha pṛakōpa there will be accumulation of vāta due to ādānakāla. Varsha ṛitu vitiates pitta along with vāta. Grīṣma ritu causes accumulation of vāta as well as that of pitta. Hence combinations like vāta pitta, vāta-kapha, and pitta kapha occur. Similarly certain rasas have a tendency for vitiating two dōṣas. For example amla rasa vitiates pitta along with kapha, lavaṇa rasa vitiates kapha along with pitta, kaṭu rasa vitiates vāta along with pitta.

Triple combination (Sannipāta):

Abnormal food and behavior are the factors responsible for the triple combination also. The intensity of vitiation of all the dōṣas will not always be the same. Hence 13 types of sannipāta have been described by Caraka.

Types of dual and triple combination: The combinations are classified according to the nature of

combination. Two types are described below:

1) Combination which confirms to the constitution of dōṣas (Pṛakṛuti sama samavāyārabdha): The types of dual combinations of dōṣas which appear when the symptoms of disease agree with the dōṣas taking part in pathology are not described in texts. The physician determine the dōṣas from their symptoms.

2) Combination dissimilar to constitution of dōṣas (Vikṛuti Visama Samavāyārabdha): Here the combination is such that it shows symptoms which are entirely different, dissimilar to the participating dōṣas. The physician will not be able to judge the combination of dōṣas from the symptoms. Only such types are described in texts.

3) Dūṣya and Sṛōtas:

Next to dōṣas the most important contributing factors of disease are dusya, and sṛōtas. Among the body substances dōṣa, dhātu and mala, the latter two are considered as dūṣya. Dōṣas travel in the body through the channels called sṛōtasas and these sṛōtasas are formed of different dhatus. Therefore greater importance should be given to dhātus. Hence we have to deal with dhatus and sṛōtasas and their role in the disease.

The nature and importance of sṛōtasas: The pathology of sṛōtas is one of the contributing factors of diseases. Sṛōtasas are made up of different dhātus; hence whenever there is deformity or vitiation of dhātu, generally there is deformity and vitiation on srotasas also. Vitiated dōṣa find

suitable seat in the deformed srōtas.[10] This deformity of srōtas is called Khavaigunya. Kha means akasa or cavity. Srōtas being a channel it necessarily consists a hollow portion inside with a covering wall around it.

Sthānasamsraya is the stage of samprāpti where dosas get lodged in srōtasas and start the process of amalgamation with them (dōsa dūsya sammurchana)

Here the word sthāna indicates only the particular site in the srotas.

There is a different srōtas for every body-substances that exists in the body.[11]

All the body-substances come into existance because of and from the srōtasas. Srōtas is the cause. For the purpose of understanding a srōtas it can be regarded as a system through which one body substance or another is transported and in which the body substance is prepared or destroyed. In short all the bodily activities are entirely dependent on srōtasas. All the dōsas, dhātus and malas are dependent on srōtasas for their formation, conduction and destruction [12] Hence when

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10. यत्र संग : खवैगुण्यात् व्याधिस्तत्रोपजायते । S. S. Sū. 24/10
खवैगुण्यम् नाम स्त्रोतोवैगुण्यम् । Ibid

11. यावन्तः पुरुषे मूर्तिमन्तो भावविशेषा : तावन्त एवास्मिन्
स्त्रोतसां प्रकारविशेषा : । C. S. Vi. 5/3

12. स्त्रोतांसि खलु परिणाममापद्यमानानां धातूनां अभिवाहीनि
भवन्ति अयनार्थेन । C. S. Vi. 5/3

srotasas get deformed, the activities of dōṣa dhātu and mala also become favourable for pathology.

Though the number of srōtasas in the body is infinite Caraka has described thirteen srōtasas. Seven for the seven dhātus, three for malas and three for substances of intake like food, water and air. As the dosas pervade the entire body Caraka has not mentioned any particular srōtas for dōṣas. Suśruta has not mentioned any srōtas for asthi, majja and sweda, but has added one srōtas for ārtava.

In the samhitas two mūlasthānas have been assigned to each srōtas. The importance of these mūlasthānas is that if the mulasthana is affected, then it affects the entire srotas. But if the srōtas alone is affected, it does not necessarily affected the mūlasthāna. In clinical examination, examination of the mūlasthāna is important. Mūlasthāna can be regarded as the place of origin, the controlling centre, and vital centre of examination. Every mūlasthāna shows one of these specialities as given in the following table.

Place of origin	Place of Control	Place of examination
Prāṇavaha	Rasavaha	Annavaha
Raktavaha	Asthivaha	Udakavaha
Sukravaha		Māmsavaha
Swēdavaha		Mēdōvaha
Puriṣavaha		Majjavaha
Ārtavavaha		Mūtravaha

Srōtōvaiguṇya (Deformity of srotas):

The normal physiology of dōṣa, dhātu and mala is entirely dependent on healthiness of srōtas. Pathology starts

when srōtasas get deformed structurally or functionally.[12] If there is only vitiation of dōṣas without deformity in the srōtas dōṣas will not find a place for sammurchana and disease will not be produced. Hence along with the maintenance of a state of equilibrium of dōṣas, that of healthiness of srōtasas is important for prevention of diseases. Equilibrium of dōṣas cannot be maintained at all times because several factors affect it, such as diet and seasonal and diurnal variations. But one can prevent the deformation or vitiation of srotasas by avoiding its causes, such as smoking and drinking alcohol. Once a deformity is caused in srōtasas, there is every possibility of their vitiation (srōtōdusti) by dōṣas. Then the process of sthānasaṁśraya begins. When a srōtas is deformed and vitiated, the dhātu or any other substance related to it also gets deformed (dhātu vaiguṇya). This deformed dhatu also gets vitiated by dōṣas and thus pathology advances. It is a vicious circle: deformity of srōtas - vitiation of srōtas deformity of dhātu-vitiation of dhātu-formation of disease. [14] But sometimes deformity of dhatu occurs first and then the srotas gets deformed because srōtasas are made up of dhātus.

Causes of deformity of srōtasas;

1) External causes

a) Various poisons have a tendency to deform different dhātus and srōtasas: e.g.; cobra venom and strychnin affects nervous tissues; strong acids and alkalies deform muscular tissues; higher antibiotics like chloramphenicol affect blood

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13. तदेतत् स्त्रोतसां प्रकृतिभूतत्वान्न विकारै : उपसृज्यते शरीरम् C. S. Vi. 5/6

14. तेषां प्रकोपात् स्थानस्थाश्चैव मार्गगाश्च शरीरधातव :
प्रकोपम् आपद्यन्ते । C. S. 5/9

(rakta dhātu); viper venom affects blood vessels.

b) Dust, cotton fibre, sand, abnoxious smoke etc affect the respiratory system.

c) Fire, weapons etc. cause tissue destruction and deformity at the site.

2) Abnormal food and behaviour: improper diet causes malnutrition or undernutrition produces deformity in different dhätüs.

3) Deformities produced by earlier diseases: An attack of vātakaphaja jwara or pneumonia causes deformity of the respiratory tract. Enteric fever causes functional deformity of intestines.

4) Hereditary causes: Children of diabetic parents may have deformity in mēda and māmsa dhātus as well as in the respective srōtasas. Similar is the cause for other hereditary disorders like kuṣṭha, tamakaśwāsa, obesity etc.

5) Congenital defects: Valvular defects in the heart, Spina bifida etc.

Causes of vitiation of srōtasas:

Dōṣas are the important factors responsible for the deformity of srōtasas as well as their vitiation [15] Vitiation occurs due to two main reasons [16] i) Diet and behaviour having qualities

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15. तेषां सर्वेषामेव वातपित्तश्लेष्माण : प्रदुष्टा दूषयितारो भवन्ति
दोषस्वभावादिति । C. S. Vi. 5/9

16. आहारश्च विहारश्च यस्याद्दोषगुणै : सम : ।
धातुभिर्विगुणश्चापि स्त्रोतसां स प्रदूषक : ॥ C. S. Vi. 5/23

similar to those of dōṣas vitiate them. These vitiated dōṣas come in contact with dhātus, producing their vitation. The site of such vitiated dhātu is called as sthānavaiguṇya or site of deformation: ii) Diet and behaviour having qualities contradictory to those of dhatus produce undernutrition and under development of dhātus. These dhātus cannot function normally. Therefore body resistance which is essential for prevention of diseases gets decreased. Sṛōtasas are made up of different dhātus. Vitiated dōṣas get easily lodged in under nourished and weak (durbala) dhātus or in such sṛōtasas.

The vitiation of sṛōtasas may be structural, functional or both. Hyperacidity—Amlapitta—is a functional vitiation of annavaha sṛōtas, while development of peptic ulcer is a case of structural vitiation. During the pathological process, the effects of vitiation of dōṣas is added to the effects of vitation of sṛōtasas. In some diseases the former phenomenon will be more while in others the latter will be predominant. For example, in the intestinal intussusception, vitiationof vāta is an important factor; in piles, vitiation of raktavaha sṛōtas is important in grahani, hṛidrōga etc., both types of vitiation occur.

General symptoms of vitiation of sṛōtasas:

These symptoms appear when vitiated dōṣas get lodged in the deformed sṛōtasas producing the stage of Sthānasamśṛaya. These symptoms differ from those of the deformity of sṛōtasas e.g.: During an attack of Tamaka Śwāsa there is dōṣa-dūṣya-sammūrchana, i.e. actual vitiation of sṛōtasas, and the symptoms observed are its products. But between different attacks symptoms or signs observed, such as breethlessness

after exertion, reduced vital capacity, are the products of deformity in sṛōtasas.

Four general symptoms of vitiation of sṛōtasas have been described by Caraka: They are as follows [17].

i) Atipṛavṛuttı: Excessive flow occurs in sṛōtasas in connection with the formation, transportation or excretion of the body substances related to that particular srotas. In mēdo vṛiddhi (obesity) mēda dhātu is produced in excess by mēdavaha sṛōtas. Rapid propulsion of food from an āśaya to grahṇi is an example of quick transportation. In diarrhoea, diabetes insipidus (pṛamēha), menorrhagia (atyārtava) etc rapid excretion occurs.

ii) Sanga: (Obstruction or stagnation.) This is caused by disturbance in the mechanism of contraction and relaxation of sṛōtasas due to vāta pṛakōpa. It causes either a reduction in the size of viscus, a permanent enlargment of viscus due to atony of muscles, a disturbance in transportation produced by obstacles in path or a permanent constriction because of which substances get accumulated in sṛōtasas. Sometimes the cause of obstruction is āma, kapha, a foreign body (śalya), a coating of pathological substances on the inside wall of the sṛōtas (upalēpa) as in atherosclerosis and either deformity of sṛōtas as in mitralstenosis or healing by fibrosis as in urethral strucure. In diseases like jwara and āmavāta the obstruction is due to āma. In ruddhapatha kāmala (obstructive jaundice) and tamakaśwāsa the obstruction is due to kapha: In mūtrasanga the obstruction may be due to stone (asmari) or prostate enlargement (aṣṭila).

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17. अतिप्रवृत्तिः संगो वा सिराणां ग्रन्थयोऽपि वा ।
विमार्गगमनं चापि स्रोतसां दुष्टिलक्षणम् ॥ C.S. Vi. 5/

iii) Sirāgranthi: Gland-like formations in the blood vessels as in the case of haemorrhoids or varicose veins. This is the symptom of vitiation of srotas described by Caraka. According to our opinion, the meaning of granthi should be extended to all kinds of new growth occurring in srōtas which causes structural and functional disturbance in it eg: all sorts of benign and malignant new growths. Sometimes a new growth in one srōtas may cause pressure on the wall of another srōtas and obstruct it e.g. pressure of new growths in the head of the pancreas obstructs the bile duct causing obstructive jaundice.

iv) Vimarga-gamana: All the above three causes produce disturbances in the flow of the substance travelling through the srōtas. In such conditions the substance finds an abnormal tract in some other direction. This is called as vimārga-gamana. Owing to this pathological condition the substance (bhāva-padārtha) fails to proceed and reach the place where it is required for the physiological purposes, but reaches a place where it is unwanted causing several ill effects. For example, in jwara and ruddhapatha kāmala, pitta enters in śākha and produces heat, yellow discolouration etc. and its absence in kōṣṭha produces agnimandya. In ascitis, udaka dhātu follows an abnormal path. The same thing happens to blood in haemorrhagic conditions and rasadhatu in śōpha.

Srōtōduṣṭi in relation to treatment:

The treatment of srōtoduṣṭi and its effects differ according to its nature and symptoms. When atipravrutti is the symptom, the treatment required is either stambhana (control of the flow) as in diarrhoea. haemorrhage etc. or rūkṣaṇa (drying or absorption of the substance) as in obesity and

pramēha. Dhātuksaya and vātaprakōpa are the effects of atipravrutti. In such a condition specific nourishing diet and rest is required.

When there is sanga or obstruction, the removal of the cause of obstruction is the ideal treatment. The same is the treatment for sirāgranthi also. In vimārgagamana, when it is due to vāta prakōpa, treatment for vata śamana must be given and when it is due to other causes like sanga, the line of treatment given above for that particular cause should be adopted.

Agni:

The concept of agni is a unique thing in Āyurvēdic science. In the external world it is observed that solar energy is essential for any sort of conversion in the living objects. The representative of this solar energy in the living organism is called as Agni, Kāyāgni, Jatharāgni etc. Agni is not a substance which can be tested in the laboratory like digestive enzymes. It is an occult power which has a capacity to convert the substance in any form. Agni manifests its power through pitta dōṣa (Āsraya-āsrayi relation). The normal activity of agni helps the maintenance of physiological activities while its abnormal state produces pathology and its absence causes death of the human being.[18] Hence maintenance of human life itself is dependent on agni. So also are the lustre of the skin, its complexion, energetic condition and working capacity of the body, its general health, nutrition and growth etc. The life forces (prānās) also depend on agni.[19] The normal functioning

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18. शान्तेऽग्नौ म्रियते युक्ते, चिर जीवत्यनामय : ।
रोगी स्याद्विकृते, मूलमग्निस्तस्मान्निरुच्यते ।। C. S. [illegible]

as well as the vitiation of dōṣas depends upon normal agni and hence the maintenance of normal agni all the while is absolutely essential for health.[20] Types of agni: (1) Kāyāgni or jaṭharāgni is the chief agni in the body. This has been described above. (2) Dhātwagni: Caraka has mentioned all the varieties of agni, i.e., jaṭharāgni, dhätwagni and bhūtāgni in the chapter on grahaṇy cikitsa,[21] Vāgbhaṭa has given more elaborate description, especially of the dhatwagnis. According to him the sites of the seven dhātwagnis are the respective seven dhātus. These agnis are responsible for the formation and destruction (caya nad apacaya) of dhātus. The dhātwagnis are nothing but small and scattered portions of jaṭharāgni.[22] Apart from this, according to our opinion, a major and important site of dhātwagni is the yakrut (liver). It has been proved that the major portion of āhārarasa first enters yakṛut, before going to the heart. The purpose of the same is obvious. Samśṛaya of sūksma pācana (metabolic digestion) takes place in liver. A normal healthy diet contains all types of substance essential for the development of dhātūs. They are digested upto the preliminary stage by jaṭharāgni and āhārarasa is produced. The dhātwagnis in the liver act on dhātu pōṣaka substances present in the ahararasa and prepares precursors of dhātus

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19. आयुर्वर्णो बलं स्वास्थ्यमुत्साहोपचयौ प्रभा ।
ओजस्तेजोऽग्रय : प्राणाश्चोक्ता देहाग्रिहेतुका : ॥ C. S. Ci. 15/3.

20. शमप्रकोपौ दोषाणां सर्वेषामग्रिसंश्रितौ ।
तस्मादग्निं सदा रक्षेत् . . . . C. S. Ci. 5/136

21. अन्नस्य पक्ता सर्वेषां पक्तृणामधिपो मत : ।
तन्मूलास्ते हि तद्वृद्धिक्षयवृद्धिक्षयात्मका : ॥ C. S. Ci. 15/39

22. स्वस्थानस्थस्य कायाग्नेरंशा धातुषु संश्रिता : । A. H. Sū. 11/34.

(pōṣaka dhātu substances). These are thrown into general circulation by the activity of vyāna vāyu and are transported to the concerned srōtasas[23] by kēdara kulya nyāya. Here the nutrient substances essential for each dhātu are accepted by the concerned dhātu according to khalē kapōta nyāya. The role of dhātwagnis situated in dhātūs or srōtasas starts here. They convert these substances into dhātūs proper (pōṣya dhātus). Therefore when dhātwagnis are functioning properly normal and healthy dhātus are formed.

3) The bhūtāgnis which digest the substances consisting of particular mahābhūtas in such a manner that they become useful for formation and maintenance of the indriyadravya of that particular mahābhūta. For example prithvi māhābhūtagni diets the pārthiwa substances in the food and converts them into highly specialised pārthiwa ghrānēndriya dravya or dravya of the sense organ for smell (Olfactory cells). This does not mean that all the pārthiwa substances are converted into ghrānēndriya dravyas. Only the highly evolved substances or the sāra dravya are so converted, the rest of the pārthiva dravyas being utilised for the nutrition of other pārthiwa substances in the body. The same is the case with other bhūtāgnis also.[24] The action of bhūtāgni takes place probably after the action of jatharāgni and dhātwagni on food.

It is a general rule that pathology related to kōṣṭa is

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23. व्यानेन रसधातुर्हि विक्षेपोचितकर्मणा ।
युगपत् सर्वतोऽजस्रं देहे विक्षिप्यते सदा । C.S. Ci. 15/36.

24. भौमाप्याग्नेयवायव्या : पञ्चोष्माण : सनाभसा : ।
पञ्चाहारगुणान्स्वान्स्वान्पार्थिवादीन्पचन्ति हि ॥ C. S. Ci. 15[illegible]

comparatively easier to treat than the pathology in ṡākhās or dhātus, while treatment of pathology related to marma is the most difficult or impossible. The site of jatharāgni being in kōṣṭha, it can be treated easily, while dhātwagnis are difficult to treat, as they are situated in dhātus or ṡākhas. As the connection of bhütägnis with jñanēndṛiyas are situated in the sirōmaṛma, they are extremely difficult to treat. That is why indriyapṛadōṣya diseases are found to be 'asādhya'.

The causes and types of vitiation of agni:

I) Agnimāndya: (hypofunction of agni) It is an important type of vitiation of agni and is commonly found in almost all diseases. Two varieties of causes of agnimāndya have been described in Mādhava nidāna i) Physical causes: excessive intake of water or liquids containing water, irregular dietary habits, avoidance of natural bowel reflex, habit of irregular sleep. 2) Mental causes: factors which cause emotional disturbances such as grief, fear, anger, depression and anxiety. These mental causes have a direct depressing effect on agni and they indirectly disturb the daily routine and sleep which again causes agnimāndya.[25]

In addition to these, the intake of food in violation of dietary norms prescribed in swasthavritta in the form of 'āhāra vidhi vidhāna and āhāra vidhiviṡēṣayatna' (these are described in the chapter on nidāna) also causes agnimāndya.

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25 अत्यम्बुपानाद्विषमाशनाच्च सन्धारणात्स्वप्नविपर्ययाच्च ।
कालेऽपि सात्म्यं लघु चापि युक्तमन्नं न पाकं भजते नरस्य ॥ M. N. 6/7

Other causes: a) Insufficient intake of food or complete fasting, which gradually reduces the desire for food. Atiyōga of 'sōdhana karma(removal of dosas) causes vāta prakōpa which vitiates agni. b) The effects of seasonal changes and geographical surroundings (for example in varsa ritu and in extremely hot areas cause agnimandya) c) Vitiation of dōṣas and vitiation of agni are interdependent; therefor dōṣa vitiation also causes agnimāndya. d) The main site of agni being grahaṇi; vitiation of grahaṇi causes agnimāndya.

All the above are the causes of jaṭharāgnimāndya. As the dhātwagnīs are dependent on jaṭharāgni, usually jathargnimāndya produces dhātwagnimāndya also, with a few exceptions as in mēdōrōga. In this condition there is agnimāndya of mēda dhātwagni; but jaṭharāgni becomes more active tīkṣṇāgni. In diseases like räjayakṣma, and jirna jwara the special importance has to be given to the treatment of dhātwagnimāndya. The site of dhātwagni is the srōtas of the particular dhatu. Hence a vitiation of srōtas, dhātu or dōṣa causes dhātwagnimāndya, which in turn produces abnormal dhātus. This is manifested in the form of disturbed or defective functioning of the relevant dhātus.

II) Tīksnāgni: It is just the type of vitiation opposite to agnimāndya.

There is a second type of tīkṣṇāgni, a very rare variety and with a few exceptions, such diseases are mostly produced by agnimāndya. The maximum attention has to be paid to the treatment of agni; hence the name kāyachikitsa, where 'kāya' means agni.

Āma is an essential factor in the development of

pathology, so much so that it has given rise to a synonym for disease, viz. 'āmaya,' a condition produced by āma. The various causes which produce āma are listed below:

1) Jatharāgnimāndya: Normal activity of agni is essential for the complete and proper digestion of food, by which a normal āhāra rasa is produced. But in the state of hypofunction of jaṭharāgni or in agnimāndya, this initial end-product (ādya dhātu: āhāra rasa) is not properly formed. Therefore its absorption becomes sluggish and it gets retained in the intestine for a longer time. Due to this retention it gets fermented or even putrified (Śuktatva). Such āhāra rasa is called as āma. The site of formation of ama is called as āmāśaya in a limited sense based on this definition.[26] According to some authors āma is the residue of āhārarasa which remains unabsorbed in the intestine because of its incomplete digestion caused by the sluggishness of agni, and it is the root cause of all diseases.

An important thing that deserves notice is that bacteria and other krimis being again hētus (external causes). They first vitiate the dūṣyas like dhātus and srōtasas.

Properties: 1) The nature of āma is always in form of incompletely digested substance (avipakwa): 2) There for it is consistantly non-homogenous (asamyukta): it has a very bad or foul odour: this odour is experienced only when it gets mixed up with excretory products like sweat, urine, and feces or when products like sputum, vomit etc. are expelled from the

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26. ऊष्मणोऽल्पबलत्वेन धातुमाद्यमपाचितम् ।
दुष्टमामाशयगतं रसं आमं प्रचक्षते ॥ A.H. Sū. 13/23.

body 3) it is very sticky (bahupicchila); 4) it produces lethargy in body.[27]

ii) Dhātwagnimāndya: The role of the dhātwagni of each dhātu is in the process of formation of dhātu from the nutrient substances (of the particular dhātu) present in the āhāra rasa. Hence when the power of the dhātwgni of a particular dhātu is diminished either in the liver or in the dhātu-srōtasas, (dhātwagnimāndya) the formation or utilization of that dhātu becomes incomplete and āma is produced. Such dhātus containing āma are called sāma dhātus. This type of pathology is seen in various diseases. In pramēha due to the dhātwagnimāndya of mēda and māmsa dhātus, sāma dhātus of mēda and māmsa dhātus having the qualities of āma-like non-homogenous constitution are produced[26]. Hence the normal functional activities of these dhātus are hampered. In mēdōrōga a similar type of mēdādhatu is produced due to mēda dhātwagnimāndya.[29] A peculiar thing observed in these two condition is that, though there is dhātwagnimāndya there is no associated jaṭharāgnimāndya; on the contrary jaṭharāgni is more tīkṣṇa (active). In all other types of dhātwagnimāndya there is an associated jaṭharāgnimāndya as in the case of rājayakṣma, kuṣṭha etc.

3) Mala Sañcaya: For every metabolic activity there is a necessity of agni. The initial and crude metabolic waste

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27. अविपक्वमसंयुक्तं दुर्गन्धं बहुपिच्छिलम् ।
सदनं सर्वगात्राणां आम इत्यभिधीयते ॥ M. N. 25/5.Madh...

28. बहुबद्धं मेदो मांसं . . . . . अबद्धं इति असंहतम् . . . . .
अघनत्वम् च . . . . । C. S. Ni. 4/7 Chak...

29. किंतु धात्वाग्निभिरपाकात् आम इत्युच्यते । S. S. ...

product formed due to the activity of jaṭharāgni is called feces (sthoolamala), while the essential and anabolic end product is called āhāra rasa. In the next stage of digestion which is called as sūkṣma pācana the action of dhātwagnis take place on āhāra rasa and different dhātus are produced. This is the anabolic activity of dhātwagni. The dhātus produced by this process are utilised for the liberation of energy required for each and every activity of the body. During this process the dhātu substances are again digested, disintegrated and utilised for the liberation of heat and energy by the dhātwagnis. This is the katabolic process. Though this activity of the dhātwagnis is not described in Āyurvēda samhitas, it has to be accepted that this activity actually occurs in the body. During this activity of disintegration of dhātu substance, certain minute waste products are formed. This is called klēda. Upto a certain limit the existance of this klēda is essential for the body; the excess klēda is excreted from the body. When this excretion becomes inadequate due to excessive production of klēda or its defective excretion, klēda gets accumulated in the body and this is called āma by certain authors.[30]

In the light of modern physiology the concept of āma can be explained as follows: When because of renal failure, excessive klēda substances like urea, uric acid etc. get accumulated in the body and this can cause serious effects like sanyāsa or coma, while in pramēha and medōrōga there is excessive formation of the klēda substances known as ketone bodies which gets accumulated in the body and produces ketosis and coma.

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30. केचित्तु मलसंचयम् । M.N. 25/5 Madhu

4) Dōṣa sammūrcchana:

Every dōṣa has certain qualities which are antagonistic to the qualities of other dōṣas-e.g.; the rūkṣa and laghu qualities of vāta dōṣa are antagonistic to the snigdha and guru qualities of kapha; similarly the uṣna quality of pitta is antagonistic to śita quality of kapha and vāta. Therefore when two or three dōṣas get severely vitiated and combined, they produce sammurcchana between them. In such conditions opposite qualities instead of nullifying each other, interact and produce a toxic substance called āma.[31] The nature of this āma is more toxic and drastic than the āma which is produced because of agnimāndya. Vāgbhaṭa has given a simile to explain this phenomenon. When the millet 'kōdrava' and water are mixed and kept for a long time, an interaction takes place forming a toxic substance. The substance produced by such interaction shows qualities entirely different from the substances taking part in it.

The āma produced in this phenomenon causes serious pathological symptoms of acute or chronic nature.

5) Kṛimi visha: (Bacterial toxins): When an infection is caused by the pathogenic organisms (kṛimi), they liberate a toxic substance. These are of two in varieties-exotoxin and endotoxin. These toxins have got a tremendous capacity to vitiate dōṣas and dhātus. If these toxins are neutralised by any means the pathology gets corrected. This is similar to the removal of the āma by which dōṣas and dhātus become

31. अन्ये दोषेभ्य एवातिदुष्टेभ्योऽन्योन्यमूर्च्छनात् ।
कोद्रवेभ्यो विषस्येव वदन्त्यामस्य संभवम् ॥ A. H Sū.13/26

nirāma. Therefore the bacterial toxins can be included in āma. It is observed that each particular bacteria has a tendency for vitiating a particular dōṣha, eg tubercular bacillus vitiates mainly kapha along with vāta. The vitiation of dōṣa also depends on the site of infection eg. M. tuberculosis vitiates mainly kapha in pulmonary tuberculosis, pitta in intestinal tuberculosis; and vāta in meningeal tuberculosis.

Symptoms of Āma:

Āma produces obstruction in sṛōtasas (sṛōtōrōdha) owing to the above qualities. Because of this obstruction nutrition of dhātuṣ gets hampered and this causes general weakness (balabhṛamśa). Guru, manda and picchila qualities of āma produce the feeling of heaviness (gaurawa) in the body. Similarly they produce disturbance in the activities of vāta (anila mūḍhata) and lethargy. Āma also causes agnimāndya and prevents the entry of pitta into the intestine which causes indigestion (apakti): it produces a sticky mucous in the mouth (niṣṭhīwa) and lack of taste (aruci). The effects of sṛōtōrōdha anilamūḍhata also cause constipation (malasanga) and lethargy (klama).[32]

The above given symptoms described by Vāgbhaṭa are mainly observed in the case of annawaha sṛōtas. But in our opinion these are applicable to samprapti occurring in any part of the body.

1) Sṛōtōrōdha: The obstruction can occur in any large, small or minute sṛōtas, when it is indicated by stagnation,

32. स्त्रोतोरोधबलभ्रंशगौरवानिलमूढता
आलस्यापक्तिनिष्ठीवमलसंगारुचिक्लमा । A. H. Sū.13/23

disturbance in transprot and metabolism even at the cellular level.

The commonly observed obstruction are in the liver affecting the passage of bile, the urinary tract, the fallopian tubes, the blood vessels, the respiratory tract etc.

2) Balabhṛaṁśa: It means weakness or reduced working power in any part or organ. It is due to the difficulty produced by āma in the contraction and relaxation of the musculature of the part even when the organic structure of the muscle is normal.

3) Gaurawa: It is also observed at the site of pathology containing āma; the site may be anywhere in the body eg. in the early stage of Vṛaṇasōtha (inflammatory oedema)gaurawa is felt and it is due to āma only.

4) Anila mūḍhata : Āma on one side causes disturbance in the action of the musculature (of the part or organ): on the other side it causes distrubances in the conduction of nerve impulse; and ultimately the activity of the concerned part gets reduced or closed.

5) Ālasya : Āma produces lethargy in function.

6) Apakti: Metabolic conversions in the tissues get impaired.

Effects of Āma:

Āma can be produced due to any of the five different causes mentioned above. When such āma comes in contact with dōṣa, dūṣya or mala; it produces sāmadōṣa, sāma dusya and sāma mala. In Āyuṛvēdic texts symptoms of the sāma avastha (sāmāstage) and nirāma avastha of the dōṣas, dūsyas and

malas are described as a guide-line only. In fact the sphere of such symptomatology is very wide. Therefore we are describing the symptoms given in texts; along with the additional inferences that we have drawn from the practical experience and thinking.

Symptoms of sāma and Nirāma dōṣa:

Symptoms of Sama Vāyu:[33] It produces obstruction in the passages and in the various movements of organs and srōtasas (vibandha), loss of appetite (agnimāndya), drowsiness (tandrā), borboregmi (āntrkūjana), pain (sula), oedema (śōtha), pin prick sensation (tōda), peeling type of pain in body or simultaneous pain in different parts of the body. Some times sudden and drastic vitiation causes instant constriction of srōtasas or contraction of musculature of the relevant part or organ- eg. sudden colicky pain in intestine or sudden and complete contraction of the voluntary muscle of calf. These symptoms are aggravated by oleation, in the morning, at night and during cloudy climate.

Kapha and pitta exist in the form of matter, but that is not the case with vāta dōsa. Vāta is amūrta dravya (formless). It manifests itself through the movement of some substance or other. Therefore a question arises-how can āma combine with such a formless dravya? The explanation for the same can be found in the terms upasthambita and nirupasthambita used by

33. वायु : सामो विबन्धाग्निसादसन्द्रान्त्रकूजनै :।
वेदनाशोथनिस्तोदै : क्रमशोऽङ्गानि पीडयेत् ।
विचरेद्युगपच्चापि गृहणति कुपितो भृशम् ।
स्नेहाद्यैर्वृद्धिमाप्नोति सूर्य मेघादये निशि ॥ M. N. 1/4

Caraka. Upsthambha means obstacle. If we consider the qualities and effects of āma it will be clear that āma is the main factor for the obstruction in the movement; vāyu is responsible for movements. Hence sāma vāyu is the vāyu which is obstructed by āma.

This means āma comes in contact with dūṣyas and sṛōtasas and not with vāta dravya itself as it is formless. Therefore in the treatment of sāma vāta we remove the āma from dūṣyas and sṛōtasas and correct the mārgāwarōdha.

Symptoms of Nirāma Vāta:

It is a stage of vitiated vāta in which obstruction due to āma is removed. Therefore it shows only the symptoms of aggravation of vāta and not those of abnormal movements or actions (vimārga gamana). The word nirvibandha clarifies this explanation.

The symptom viśada means either the removal of abnormal substances which is accumulated, in the sāma state of vāta or the cleaning of passages. As nirāma is a state of vitiated vāta, aggravation of the normal qualities of vāta are observed eg: rūkṣatwa, mild pain and ache (alpavēdana) which can be removed by the treatment of oleation. (But the symptoms of sāma vāta are aggravated by oleation as it increases āma)[34]

Symptoms of sāma pitta:

Sāma pitta exhibits certain additional qualities ie.

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34. निरामो विशदो रूक्षो निर्विबन्धोऽल्पवेदन : ।
विपरीतगुणै : शान्तिं स्निग्धैर्याति विशेषत : ॥ M N 1/4 Madhu

those of āma, like sthira and guru along with the aggravation of its own qualities like amla, durgandha and colouration (oke green and black). The smell of normal pitta is visṛa; but it changes to a foul odour due to āma. Sāma pitta produces acid eructation in the mouth (amlīka) or sourness of the mouth and teeth and a burning sensation in the throat and the chest. The treatment for sāma pitta is that of removing the sāma qualities of pitta.[35]

Symptoms of Nirāma Pitta:

When āma is removed from sāma pitta, the resultant state is that of aggravated pitta. The abnormal qualities observed in the state of sāma pitta disappears now and new qualities appear. Thus the qualities of - sthira, guru and durgandha are replaced by those of asthira and vigandha. Similarly harita and śyāwa colours are replaced by yellow (pitta) colour and kaṭu rasa appears in the place of amla rasa. Nirāma pitta produces such effects like development of taste and improvement in the power of digestion. (Paktṛu bala pradam).[36]

Symptoms of Sāma kapha:

Āma and kapha have some what similar qualities. Therefore when these substances get mixed together the depth and

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35. दुर्गन्धं हरितं श्यावं पित्तमम्लं स्थिरं गुरु ।
अम्लिकाकण्ठहृद्दाहकरं सामं विनिर्दिशेत् ॥ M. N 1/4

36. आताम्रं पीतमत्युष्णं रसे कटुकमस्थिरम् ।
पक्वं विगन्धं विज्ञेयं रुचिपक्तृबलप्रदम् ॥ M. N 1/4 Madhu

intensity of these qualities are increased. The colour of kapha is changed from white to muddy and cloudy. It loses its homogenous consistency (due to ślakṣṇa and mṛutsna) and becomes thready (tanṭula) and sticky. Hence it adheres in the throat and produces a foul smell. It destroys appetite completely because sāma kapha produces obstruction, in the passages of pitta and prevents its entry into the intestine. It also obstructs the normal direction of udāṇavāyu and thus prevent normal belching. [37]

Symptoms of Nirāmā Kapha:

Symptoms of Nirāmā kapha regains its homogenous consistency and white colouration and is relieved of the foul smell and stickyness. Hence it comes out easily and thus the mouth is cleared.[38]

The above mentioned symptoms of sāma and nirāma dōṣas described in Mādhavanidāna are mainly observed in the māhakōṣṭha or the gastro-intestinal tract, from where the dōṣas, mainly kapha and pitta can be extracted by śōdhana (vamana and virēcana). Hence their qualities can be observed. At the same time these can be applied to the sāma and nirāma states of any part or organ- eg. a chronic non healing ulcer on the skin accompanied by sāma kapha will show signs and symptoms like foul smelling and a sticky and muddy

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37. आविलस्तन्तुल : स्त्यान कण्ठदेशेऽवतिष्ठते ।
सामो बलासो दुर्गन्ध : क्षुदुद्गारविघातकृत् ॥ M. N 1/4 Madhu

38. फेनवान् पिण्डित : पाण्डुनि : सारोऽगन्ध एव च ।
पक्व : स एव विज्ञेयश्छेदवान् वक्त्रशुद्धिकृत् ॥ M. N 1/4 Madhu

discharge which adheres to the opening of the ulcer. When this sāma state is removed the discharge becomes clear, whitish and odourless and becomes easily removable. In the sāma stage of pittaja śōtha the oedema shows a dark bluish red colour while in the nirāma state it becomes bright.

Sāma Dūṣya:

All dhātus and malas are included in dūsya. When āma comes into intimate contact with various dhātus and malas they become sāma dūṣyas.[39] Just like sāma dōṣas sama dūṣya also become abnormal (Viguṇa) structurally and functionally and show the symptoms of ama like srōtōrōdha and balabhraṃśa. Such sāma dūṣyas create a favourable condition for dōṣa-dūṣya-sammūrchana. When dōṣas which are saturated (Samprukta)with āma come in to contact with similar dūṣyas (which are saturated by āma) sammūrchana takes place quickly and disease is produced. This initial state of disease is called the sāma state or the sāma avastha of the disease eg. during over exertion and muscular exercise excessive metabolic end products (klēda)gets accumulated in the muscles, producing the sāma state of māmsa dhātu. Vāta vitiated by the overexertion comes into contact with such muscles. This contact produces sammūrchana which is manifested by symptoms like cramps, pains and aches. The symptoms of sāma dhātus are not described in Āyurvēdic texts because these are not specific and can not be observed independently. But such is not the case with malas. Hence Suśruta has described the symptoms of sāma mala as described below.

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39. आमेन तेन संपृक्ता दोषा दूष्याश्च दूषिता : ।
साभा इत्युपदिश्यन्ते ये च रोगास्तदुद्भव : ॥ A. H. Sū 13/27

Symptoms of sāma malas:

Sāma Purīsa (feces): Purīsa becomes sāma when it comes in contact with āma. Sāma purīsa is produced in the annavaha srōtas, owing to jaṭharāgnimāndya. It is always profuse in quantity, extremely foul-smelling, sticky and formless which sinks in water.[40] These symptoms, given in the text can be observed through the sense organs, that is by the sense like vision, olfactory sense etc. In addition to that the various features of sāma purīṣa can be examined with the help of modern methods of investigation. A microscopic examination of sāma purīsa will reveal the presence of mucous, undigested food and the causative factors of āma such as various worms, their ova (Kṛimi) and protozoa like E. histolytica.

Sāma Mūṭra (Urine): It appears cloudy (āvila); its density and specific gravity (sāndratva) are greater than those of urine, and it is of a foul smelling nature. Chemical tests will reveal the presence of various types of āma produced by incomplete catabolism of dhātus resulting from dhātwagnimāndya eg. urea, uric acid, albumin, sugar, ketone bodies etc. Such an examination is helpful not only in understanding the sāma state of the disease but also in the diagnosis of the disease with the help of other symptoms. For example, the presence of albumin will suggest a renal pathology (vṛikka vikṛuti); that of ketone bodies will suggest a serious stage of diabetes mellitus (pramēha); and the presence of urea will be an indication of renal failure (vṛikkā vināsa).

40. संसृष्टमेभि : दोषैस्तु न्यस्तमप्स्ववसीदति ।
पुरीष भृशदुर्गन्धि विच्छिन्नं चामसंज्ञकम् ॥ S.S.U. 40/17

Symptoms of nirāma dhātu and nirāma mala:

The symptoms of nirāma dhātu are manifested in the form of the normal appearance, qualities and activities, of the dhātu.

Symptoms of nirāma purīṣa: When purīṣa becomes nirāma its quantity becomes normal ; it presents a well formed appearance, with normal fecal smell; it becomes nonsticky and floats on water. In microscopic examination the features of sāma purīṣa, described above are found to be absent.

Symptoms of nirāma mūtṛa: It looks clear, transparent, with the normal colour of urine depending on the predominant dōṣa. Its specific gravity also becomes normal (1010 to 1020), the foul smell of sāma mūtṛa disappears, the abnormal constituents found in sāma mūtṛa also vanish.

Just like the symptoms of caya, the symptoms of pṛasara are also felt mainly in connection with digestive mechanism as the main seats of dōṣas are connected with G. I. tract. But when the pathological process takes place locally in a particular part of the body similar symptoms may occur in that part. For example, vāta will produce twitching or throbbing along with a sensation of fullness. Pitta will cause the symptoms described above (pitta pṛasara) and kapha will create in the cells an aversion for nutrients (arōcaka), sluggish metabolic conversions (avipāka), lethargy in the cell functions (angasāda) and a tendency to expell unwanted substances in to the inter-cellular spaces (chaṛdi).

For a description of the remaining three stages or kṛiyākālas turn to the chapter on Sāmprāpti;

CHAPTER 6

VYĀDHI

Several definitions of Vyādhi or disease are given in Samhitas and other texts. Each definition carries a different tinge of meaning. When the process of caya, prakōpa, prasara and sthānasamśraya of dōṣa is completed then the disease is produced.

Definitions

1) The discordance of body-elements is called disease; and their concordance is said to be normal health. Being characterised by a sense of ease is the state of freedom from disease, while disease is always of the nature of pain.[1]

Cakrapāṇi states in his commentary that the word 'dhātu' is used by Caraka in a broad sense which covers all the body-substances like dōṣa dhātu and mala as also satwa, raja and tama, the mānasa guṇas.

As this definition covers even the normal and physiological discordance, it is not perfect. An ideal definition is given in Madhukōśa, a commentary of Mādhava nidāna.

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1. विकारो धातुवैषम्यं साम्यं प्रकृतिरुच्यते ।
सुखसंज्ञकमारोग्यम् विकारो दुःखमेवच ॥ C. S. Sū 9/4
1 तत् दुःखसंयोगा : व्याधय उच्यन्ते । S. S. Sū 1/23

2. तथाविध दोषदूष्यसंमूर्च्छनाजनितो व्याधि : M. N.

"A group of symptoms produced as a result of the amalgamation of dōṣa and dūṣya is called Vyādhi"

This definition includes all the essential stages in the formation of disease such as caya, prakopa, prasara and sthāna samśraya.

Synonyms of Vyādhi[3]

1) Vyādhi: 'Vyādhi' means the sensation of pricking pain. There is sensation of pain in disease and hence the name.
2) Pāpma: 'Pāpa' means sin. Diseases are produced as a result of sins or mithyācāras.
3) Jwara: Means fever. In the majority of diseases fever is a major symptom. Fever is also a disease of prime importance. Hence all diseases are termed as jwara. Jwara produces trouble or santāpa and all the other diseases also do the same. Hence the name.
4) Vikāra: Means abnormality. In every disease there is either structural or functional abnormality.
5) Duhkha: Means sorrow or pain. Disease is a trouble some or painful condition which gives sorrow, to the affected person.
6) Āmaya: In the majority of diseases there is the formation of āma. (āma: a product of indigestion).
7) Yakṣma: Rājayakṣma is a disease exhibiting' various groups of symptoms; similarly other diseases also exhibit

3. तत्र व्याधि : आमय : गद : आतङ्क: यक्ष्मा ज्वरो विकार : रोग इत्यनर्थान्तरम् । C. S. Ni. 1/5 and A. H. Ni. 1/1.

different symptoms at the same time.

8) Ātanka: Means disaster or the threat of death. Diseases also hold out the threat of death; hence disease is called ātanka.

9) Gada: Means causes. Disease is produced by various causes.

10) Ābādha: Means trouble or pain. Diseases produce trouble and pain.

Dōṣas the creators of disease.

A flying bird is unable to avoid producing its own shadow whichever be the direction in which it is flying. Similarly no disease is produced without the involvement of vāta, pitta and kapha[4]. Hence dōṣas form the root cause of all diseases. Suśruta has substantiated this in the following manner.[5]

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4. सर्व एव निजा विकारा : नान्यत्र वातपित्तकफेभ्यो निर्वर्तन्ते
यथाहि शकुनि : सर्वं दिवसमपि परिपतन् स्वांच्छायां नातिवर्तते तथा
स्वधातुवैषम्यानिमित्ता : सर्वे विकारा : वातपित्तकफान् नाति–
वर्तन्ते, वातपित्तश्लेष्मणां पुनः स्थानसस्थानप्रकृतिविशेषान् अभि–
समीक्ष्य तदात्मकानपि च सर्वविकारंस्तानेवोपदिशान्ति बुद्धिमन्त :

C. S. Sū 19/4

5. सर्वेषां च व्याधीनां वातपित्तश्लेष्माणं एव मूलं, तल्लिंगत्वात्
दुष्टफलत्वादागमाच्च । यथाहि कृत्स्नं विकारजातं विश्वरूपेणाव–
स्थितं सत्वरजस्तमांसि न व्यतिरिच्यन्ते, एवमेव कृतस्नं विकारजातं
विश्वरूपेणावास्थितं अव्यतिरिच्य वातपित्तश्लेष्माणो वर्तन्ते ।
दोषधातुमलसंसर्गादायतनविशेषात् निमित्ततश्च एषां विकल्प : ।
दोषदूषितेषु अत्यर्थंधातुषु संज्ञा रसजोऽयं शोणितजोऽयम् . . . . . .
व्याधिरिति । S. S. Sū 24/8

1) Symptoms like pain, burning sensation and heaviness occur solely due to vāta, pitta and kapha respectively.
2) The treatment required for any disease must correspond to the concerned dōṣa- eg. vātaghna, pittaghna etc.
3) Even though certain diseases are described as rasaja, raktaja etc they are really produced by dōṣas. Dhātus and malas cannot produce any disease on their own. They always require the help of dōṣas.

Cause and effect relation of dōṣa and vyādhi:

Caraka says that disease is the effect or kārya and dōṣa the cause or kārya-yōni.[6] Dōṣa and dūṣya are the substances which actually take part in the process of disease and hence they are the upādāna kāranas or samavāyi kāraṇas, while dōṣa-dūṣya-sammūrchana is the asamavāyi kāraṇas of disease.

Ancient scholars have divided diseases into various types and various points have been taken into consideration for the classification:

1) Trividha rōgas;[7] They are nija, āgantu and mānasa. Nija consists of diseases which are produced by the vitiation of dōṣas, such as jvara, pravāhika etc,; Āgantu diseases are

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6. कार्ययोनिस्तु सा या विक्रीयमाणा कार्यत्वमापद्यते ।
कार्ययोनिर्धातुवैषम्यम्, तस्य लक्षणं विकारगम : ॥ C. S. Vi. 8/71

7. त्रयो रोगा : इति निजागन्तुमानसा : । तत्र निज : शारीरदोषसमुत्थ : ।
आगन्तु : भूतविषवाय्वग्निसंप्रहारादिसमुत्थः, मानस : पुन :
इष्टस्यालाभाल्लाभाच्चानिष्टस्योपजायते । C. S. Sū 11/45.

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those which occur due to external factors like trauma, infections, pañcamahābhutas, poisons etc., and mānasa or mental diseases are those which occur either due to the gaining of undesirable things or because of the loss of desirable things, such as anxiety, anger, worry etc.

One type of disease may result in another type also. Trauma is a disease produced by external factors but it gives rise to fever-a nija rōga which is associated with an internal factor i.e. dōṣa. In metabolic diseases infection can occur and produce an agantu vyädhi.[8] Eg; Diabetis mellitus is a nija or endogenous disease. But tubercular infection may be added to it. The reverse process is also possible.

In the case of diseases produced by 'exogenous causes, it is essential to give specific treatment against the hetūs (hētupṛatyānīka cikitsa) e.g. suturing for the treatment of traumatic wound, plaster for the fracture of bone etc.

Diseases which are produced by vitiation of dosas should be treated in such a way as to bring about equilibrium of dōṣas.

2) Caturvidha rōgas: They are āgantu, vātaja, pittaja and kaphaja.

3) Rogānika: Here diseases are cassified on the basis of several factors as shown below:

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8. आगन्तुरन्वेति निजं विकारं निजस्तथाऽगन्तुमपिप्रवृद्ध : ।

C. S. Sū 19/7

i) Two types according to the difference in the pṛabhāva of the diseases a) Sādhya and b) Asādhya ie. curable and incurable.

ii) Two types according to the difference in the strength or bala of the diseases - a) Mṛudu and b) Dāruṇa, ie. mild and severe.

iii) Two types according to the difference in the site or adhiṣtāna - a) Sārīra and b) Mānasa, ie. physical and mental.

iv) Two types according to the difference in causes a) nija and āgantu, ie. endogenous and exogenous.

v) Two types according to the difference in viscus or āśaya affected - a) āmāśayōtha which occurs in the stomach and is mainly due to pitta and kapha and b) Pakvāśayōtha which occurs in the large intestine and is mainly due to vāta.

vi) Two types according to the nature or svabhava of diseases - a) bāhya pṛasara (Uttāna) and b) gambhīra, (Antarāśṛaya), ie. superficial and deep.

vii) Two types according to the stages or avasthas - sāma and nirāma or saumya and āgnēya.

4) Medical and surgical or auṣadhasādhya and śastṛasādhya.

5) Tṛividha vyādhis: Ādhibhautika, ādhidaivika, ādhyātmika.

Ādhibhautika diseases are those which are due to the physical environments of a man, ie. due to factors like fire, storm, heat and cold; Ādhidaivika are the diseases produced

by the anger of various divine or evil powers; Ādhyatmika are the diseases produced by physical and mental condition.

These three types have been subdivided in to saptavidha vyādhis.[9] as follows:

Ādhyātmika vyādhis :

a) Ādibalapravṛitta : These are the hereditary diseases due to the defects in the sperm or ovum of the parents, such as kuṣṭha, hemorrhoids and pramēha. Such diseases are further divided into two types, those of maternal and paternal origin (mātruja and pitṛuja).

b) Janmabala pravṛitta or congenital diseases:

These diseases are produced by improper behaviour on the part of the mother during pregnancy eg. congenital blindness, deafness, harelip, improper development of various organs etc. These diseases are further classified as i)'rasaja' i.e. due to vitiation of the rasadhātu of mōha and ii) dauhṛdaja i.e. abnormality in dauhṛida or morning sickness.

c) Dōṣabalapravṛitta: This type of diseases occur due to the formation of imbalance in dōṣas. The causes for the same may be individual or common for the society, i.e. janapadōdhvamsa. These diseases are further divided as i) āmāśayasamuttha and ii) pakwāśayasamuttha and also as i) sārīra and ii) mānasa.[10]

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9. अस्मिन पुनः शास्त्रे . . . अथ च निमित्तत : ऐवोत्पत्तिरिति । S. S. Sū 24/4-11

10. दोषबलप्रवृत्ता : ते आतङ्कसमुत्पन्ना : मिथ्याहाराचारकृताश्च तेऽपि द्विविधा : आमाशयसमुत्था : पक्वाशयसमुत्थाश्च : पुनश्च द्विविधा : शारीरा : मानसाश्च ।।

S. S. Sū 24/5

Ādhibhautika vyādhis:

These are the diseases caused by living or nonliving things. They are also called 'Samghātabalapravritta'.

Ādhidaivika vyādhis:

These diseases are either due to the misdeeds committed in the previous births or due to the anger of divine or evil forces. They have been subdivided as follows:

a) Kāla-bala-pravritta: Diseases due to the effects of seasons, variation of atmospheric heat, humidity or cold. They are subdivided as i) avyāpannaritukruta i.e. diseases due to extremes like excessive rain, heat or cold occurring in the due season and ii) vyāpannaritukruta, i.e. those due to abnormality of seasons.

b) Daivabalapravritta: Diseases that are caused by the curses, wrath or displeasure of divine powers or those brought about by the mystic potencies of charms and spells, such as those described in Atharva Vēda. They are sub divided as i) those caused by acts of God as when a man is struck by lightning and ii) those produced by the malignant influences of demons and monsters. These diseases are also sub divided as i) contagious or epidemic and ii) personal or individual.

c) Svabhāvabala pravritta. This indicates natural or spontaneous occurrence of disease. This category includes such natural organic phenomena as death, hunger, thirst and sleep. They are subdivided as. (i) Kālakrita or timely and (ii) akālakrita or untimely i.e. occurring in time and untimely.

8. Dvividha as anubandhya and anubandha or swatantra and paratanṭra.

An anubandhya or swatanṭra disease is one which has its own treatment, a disease which is characterised by its own etiology and symptoms and hence gets cured by its own treatment. An anubandha or paratanṭra disease is one which is not produced by its own causes; its symptoms are not clear and there is no specific relation between the factors which lead to the formation of the disease and those required for its cure.

9. Sādhya, yāpya and pṛatyākhyēya: See the description given in the chapter on Sādhyāsādhyatva.

10. Types according to the difference in dúsyas; (i) dhatu pṛadōṣaja such as rasapṛadōṣaja, raktha pṛadōṣaja etc. and (ii) malapṛadōṣaja.

Sāmānyaja and Nānātmaja vyādhi:

In the formation of Nānātmaja vyādhi only one dōṣa takes part and these diseases are mostly 'symptoms' while Sāmānyaja vyādhi is due to more than one dōṣa which take part in the sampṛāpti.

Nānātmaja Vikāras of Vātadōṣa

1. Nakhabhēda- dystrophy of nails; 2. Vipādika-dermatophytosis; 3. Pādasūla-pedialgia; 4. Pādabhṛamsa. 5. Pādasuptata - paralysis of foot; 6. Vātakhuḍḍata-club-foot 7. Gulphagraha - stiff ankle; 8. Pindikōdweṣṭhanam-cramps in the calf muscles; 9. Gruddhrasi-sciatica; 10. Jānubhēda-genu varum (bowleg); 11. Jānuviśleṣa-genu valgum (knock

knee); 12. Ūrustambha-spasticity of thigh; 13. Ūrusāda - weakness in the thigh; 14. Pāngulyam-paraplegia; 15. Gudabhṛamśa- prolapse of rectum; 16. Gudārti, - proctalgia; 17. Vṛuṣaṇaksepa 18. Śēphastambha-priapism; 19. Vankṣānānaha; 20. Sṛōnibheda-coxa vera; 21.Viḍbhēda -sheep dung stools; 22.Udāvaṛta; 23. Khanjatvam - lameness; 24. Kubjatvam - scoliosis 25. Vāmanatvam - dwarfism ; 26. Tṛikagraha-stiff waist 27. Pṛuṣtha graha-stiff back; 28.Pārśvāvamaṛdam- pleurodynia 29. Udara vēṣṭa- girdle pain 30.Hṛinmōha - cardiac irregularity 31. Hṛiddrava - tachycardia 32. Vakṣa udghaṛṣa - emphysematous chest 33. Vakṣōparōdha - impairment of thoracic movement 34. Vakṣastōda- pectoralgia 35. Bahuśōṣa - brachial atrophy 36. Grīvāstambha - stiffness of the neck 37. Manyāstambha - torticollis 38. Kanṭhōddvamsa-hoarsness of voice 39. Hanubhēda - pain or dislocation and lockjaw 40. Ōṣṭhabheda - hare lip 41. Akṣibhēda - squint or exotropia 42.Dantabhēda-odontoschim; 43. Dantaśaithilyam- loosness of teeth or odontoseisis; 44. Mukatvam -aphasia ; 45. Vāk-sanga-lulling speech 46. Kaṣāyāsyata - astringent taste in the mouth 47. Mukhaśōṣa - dryness of mouth 48. Arasajnata - ageusia 49. Ghṛānanāsa - anosmia; 50. Kaṛṇaśūla - otalgia 51. Aśabdaśṛavanam - acousma 52. Uccaisṛuti- hypercousis 53. Bādhiryam-deafness 54. Vartmastambha - rigidity of eyelids 55. Vartmasankoca - retraction of eyelids 56. Timiram - amaurosis 57. Akṣiśūlam - eye ache 58. Aksivyudāṣa- enlargement of eyes 59. Bhṛūvyudāṣa - upward position of eyebrows 60. Śankha bhēda - temporal head ache 61. Lalāṭabheda - Frontal headache 62. Śirōruk - headache 63. Kēśabhūmisphuṭanam - fissures in the scalp 64. Aṛditam- facial paṛalysis 65. Ekāngarōga- monoplegia 66. Saṛvāngarōga

(Pakṣavadha) Poly plegia, Hemiplegia 67. Ākṣēpaka-convulsion 68. Dandaka-tonic convulsion 69. Tama-faintness 70. Bhṛama-giddiness 71. Vēpathu- cramps and pain in legs 72. Jṛumbha-yawning73. Hicca-hiccup 74. Viśada - asthenia75.Paṛalāpa-hyperphasia 76.Raukṣyam - dryness 77.Pārusyam-harshness 78. Syāvāruṇabhasata-dusky red appearance. 79. Asvapna-insomnia 80. Anavasthita cittatva - mental restlessness.

Nānātmaja Vikāras of Pittadōṣa

1. Ōṣa-Sucking, dragging sensation due to heat 2. Plōṣa - scorching 3. Dāha - burning 4. Davathu - Broiling 5. Dhūmaka - Fuming 6. Amlaka - Acid eructation 7. Vidāha - incomplete digestion 8. Antardāha – Internal heat 9. Amsadāha - heat in the scapular region. 10. Ūṣmādhikya - hyperthermia 11. Atiśwēda - hyperidrosis 12. Angagandha - Body fetor 13. Angāvadarana - bursting sensation due to heat 14. Śōṇitakleda - deliquescence of blood 15. Māmsaklēda - Softening of flesh 16. Tvakdāha - dermo- thermia 17. Tvakmāmsavadarna - fissures in the skin due to heat 18. Carmadalana - peeling of skin or excoriation 19. Raktakōtha - red wheals 20. Raktavisphōṭa - red eruption 21. Raktapitta - haemorrhagic diseases 22. Raktamandala - red circular spots 23. Haritatva - greenness 24. Hāridratva - yellowness 25. Nīlika - bluish black marks 26. Kaksya - herpes 27. Kāmala - jaundice 28. Tiktāsyata-bitter taste in mouth 29. Lohitagandhāsyata - metallic taste in mouth 30. Pūtimukhata - fetor oris 31. Tṛiṣṇa - excessive thurst 32. Atṛupti - akoria 33. Āsyavipāka - stomatitis 34. Galapāka - pharyngitis 35. Akṣipāka - Opthalmitis 36. Gudapāka proctitis 37. Mēdṛapāka - inflamation of penis

38. Jivādāna haemorrhage 39. Tamapravēśa - faintness - 40. Haritahāridra nētramūtra varcastva- greenish or yelowish colouration of eyes urine and feces.

Nānātmaja vikāras of kapha dōṣa:

1. Trupti - anorexia 2.Tandra - torpor 3. Nidrādhikya - hypersomnia 4. Staimitya - stiffness 5. Gurugātrata - heavi ness in limbs 6. Ālasya - indolence 7. Mukhamadhurya sweet taste in the mouth 8. Mukhasrāva - salivation 9. Ślēṣmōdgiraṇa - mucous expectoration 10. Malasyādhikya - hyper excreation of urine, feces etc. 11. Balasaka - loss of strength 12. Apakti - indigestion 13. Hṛidayōpalēpa 14. Kanthōpalēpa - increased secretion of mucous in throat. 15. Dhamanīpraticaya - atherosclerosis 16. Galaganda - enlargement of thyroid 17. Atisthaulya - obesity 18. Śītāgnita- subnormal temperature 19. Udarda-urticaria 20. Svētāvabhāsata, svētamūtra - nētra varcastva- pallor and whitish tinge of urine eyes and feces.

Santarpaṇōtha and Apatarpaṇōtha Vyādhis:

The diseases which occur because of excessive gain in body weight or impletion are called Santarpaṇōttha diseases.

Etiology of santarpaṇōtha vyādhi. Excessive eating of unctuous, sweet, heavy and viscous substances as also fresh food grains and wines; consumption of the flesh of wetland and aquatic animals; excessive drinking of cow's milk or its products and the products of jaggary and articles prepared of wheat flour. All these etiological factors produce santarpanottha vyadhis.

Santarpaṇōttha vyādhis:

Pramēha - anomalies of the urinary system, pimples, wheals, prurits, anaemia, fevers, kuṣṭha or dermatosis, vitiation of āma, dysuria, improper taste - sensation in mouth, torpor, impotency, obesity, indolence, heavyness of limbs, obstruction in various srōtasas and impaired function of the sense organs, delusion of intellect, sleepiness, oedema and similar other diseases.[11]

Apatarpaṇōttha vyādhi:

These are diseases which occur because of excessive loss in weight or due to depletion. The following are of this type. The diminution of body- heat, strength, complexion, ōja, semen and flesh. Fever with cough, pleurodynia, anorexia, weakness of hearing, insanity, delirium, anginal pain or attack, (cardiac pain), suppression of urine and feces, pain and aches in calf muscles, thigh, waist, breaking pains in knuckles bones and joints. Similarly other diseases born of vāta dōṣa and diseases due to upward vitiated movement of vātadōṣa are all included in the Apatarpaṇōttha category.[12]

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11. प्रमेहपिडकाकोठकण्डूपाण्ड्वामयज्वरा : ।
कुष्ठान्यामप्रदोषाश्च मूत्रकृच्छ्रमरोचक छ ॥
तन्द्राक्लैब्यमतिस्थौल्यमालस्यं गुरुगात्रता ।
इन्द्रियस्त्रोतसां लेपो बुद्धेर्मोह : प्रमीलक : ।
शोफाश्चैवंविधाश्चान्ये शीघ्रमप्रतिकुर्वत : ॥ C.S. Sū. 23/5-7

12. देहाग्निबलवर्णौज : शुक्रमांसपरिक्षय : ।
ज्वर : कासानुबन्धश्च पार्श्वशूलमरोचक : ॥
श्रोत्रदौर्बल्यमुन्माद : प्रलापो हृदयव्यथा ।
विण्मूत्रसंग्रह : शूल जघोरुत्रिकसंश्रयम् ॥
पर्वास्थिसान्धिभेदश्च ये चान्ये वातजा गदा : ॥
ऊर्ध्ववातादय : सर्वे जायन्ते तेऽपतर्पणात् ॥ C.S. Sū. 23/26-28

Indriya Pṛadōṣaja Vyādhi:

When dōṣas get provoked in the seats of sense organs they cause indriya pradōṣaja vyādhis, either by producing complete impairment (upaghāta) of sense organs or by partial impairment (upatapa) of sense organs. The diseases which are produced because of the complete impairment of sense organs are : deafness, blindness etc.; those caused by partial impairment are : skin diseases, conjunctivitis etc. [13]

Upadhātu pṛadōṣaja vyādhi:

When dōṣas become provoked in the muscles, vessels, and tendons, they afflict the person with stiffness, contraction, tracheocrural neuralgia, tumors, tremors and numbness. These are all diseases of upadhātus.[14]

Malapṛadōṣaja vyādhi:

When dōṣas get provoked in malas, they cause disruption, desiccation as well as excessive retention or excessive discharge of all malas,[15]

Countability and uncountability of diseases:

While such is the binary classification of diseases in respect of their effect (prabhāva), intensity, seat of affliction,

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13. इन्द्रियाणि समाश्रित्य प्रकुप्यन्ति यदा मला : ।
उपघातोपतापाभ्यां योजयन्तीन्द्रियाणि ते ॥ C. S. Sū. 28/20

14. स्नायौ सिराकण्डराभ्यो दुष्टा : क्लिश्नन्ति मानवम् ।
स्तंभसंकोचखल्वीभिर्ग्रन्थिस्फुरणसुप्तिभि : ॥ C.S. Sū. 28/21

15. मलानाश्रित्य कुपिता भेदशोषप्रदूषणम् ।
दोषा मलानां कुर्वन्ति संङ्गोत्सर्गावतीव च ॥ C. S. Sū. 28/22

cause and seat of origin, they may be unified or further classified on the basis of other considerations and then they become one or many as the case may be. The unity of diseases consists in the very nature of diseases-pain, which is common to the whole range of diseases. The plurality consists in the ten groups of diseases described above, the diseases being classified according to their effect etc. The plurality of diseases may be treated either as numerable (sankhyēyatva) or as innumerable (asankhyēyatva).

A classifier may at first classify things in one particular way. Re-classifying them again and again with reference to other differentiating factors, he is able to arrive at fresh groupings every time. But the subsequent classifications do not repudiate the validity of the previous one. For example, one may classify the disease viṣūcika in Annavahasrotas under the āma or agnimāndya category.[16]

Vyādhinānātvahētu:

As described above, disease become innumerable owing to the countlessness of the combinations and permutations of their nature, site, symptoms and causative factors.

When diseases are classified with reference to their cause, pain, colour, site, form and nomenclature, then their number becomes really countless.

Hence a physician need not be ashamed if he is not able to name a disease as there can be no definite standardisation of

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16. रोगाणां संख्येयासंख्येयत्वम् ।
एवमेतत् प्रभावबलाधिष्ठाननिमित्ताशयभेदात् द्वैधम् .... ।
भेता हि भेद्यमन्यथा भिनत्ति ..... ।　　C. S. Vi. 6/3-4

nomenclature in respect of all diseases. The same vitiated dōṣa, owing to the diversity of causes and the localization in different regions, produces many varieties of different diseases. Therefore treatment should be initiated after diagnosing the nature of the diseases indentifying the different regions of localization and determining the special causative factors

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17. विकारा : पुन : अपरिसंख्येया :, प्रकृति – अधिष्ठान – लिंग – आयतन –
विकल्प – विशेषापरिसंख्येयत्वात् C.S. Vi. 20/3
त एवापरिसंख्येया भिद्यमाना भवन्ति हि ।
रुजावर्णसमुत्थानस्थानसंस्थाननामभि : ॥ C.S. Sū. 18/42
विकारनामाकुशलो न जिह्रियात् कदाचन ।
न हि सर्वविकाराणां नामतोऽस्ति ध्रुवास्थिति : ॥ C. S. Sū. 18/44

CHAPTER 7

VYĀDHIAWASTHA

When dōṣa - dūṣya - sammūrchana takes place leading to the formation of a disease, it follows a path consisting of onset, duration and progress or retrogression. In the period of duration of the disease, different stages appear due to several factors and they are called the stages of disease or Vyádhiavastha.

They denote the changes which occur from time to time in a disease and depend on two opposite forces acting on the body. On one side there are factors responsible for increasing the disease pathology. They are the like contributory factors of vyādhi and the nature and strength of the etiological factors. On other side, there are forces like the general body - resistance, specific or non-specific immunity (total vyādhikṣamatwa) and the appropriate fulfilment of Pādacatuṣthaya which are helpful in controlling and curing the disease.

The factors like dūṣya, dēśa, bala, kāla, anala (agni), prakruti, vaya (age), satwa (mental power), satmya, (tolerance), ahara (diet) may favour either of these sides.[1] When they are favourable for vyādhi, the pathology will progress and when they are helpful to the treatment disease will retrogress and its duration will get shortened.

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1. दूष्यं देशं बलं कालं अनलं प्रकृतिं वय : ।
सत्वं सात्म्यं तथाऽहारम् . . . . ॥ A. H. Sū. 12/67

A knowledge of the vyādhiawasthas can play a valuable role in the diagnosis of disease, determination of the strength of vyādhikṣamatwa, application of treatment, advice on food and behavior, decision on prognosis etc. Therefore the physician, patient and attendants (paricāraka) must keenly observe the changes occurring in Vyādhiawastha. Measures to be adopted in the course of treatment depend on these awasthas.

The changes which occur in a disease produce different vyādhiawaṣthas are in fact taking place in the five contributory factors of the disease, i.e. dōṣa, dūṣya, agnimāndya, āma and sṛōtōrōdha.

A) Stages occurring due to changes in dōṣas

i) Six stages of development of disease or kṛiyākāla - These stages have been described elsewhere in this book. (Caya, prakōpa and prasara - in the chapter on 'Stages of dōṣas' and sthānasamśraya, vyakti and bhēda in the chapter on 'Sampṛāpti').

ii) Vēgāwastha and Avēgāvastha - the stage of attack and stage between the attacks of the disease. When dōṣas attain sammūṛchana the attack precipitates; and when sammūṛchana breaks the attack gets relieved. The stage in between the attacks, ie. avēgāwastha, is also a stage of disease, eventhough sometimes it is not manifested. Dōṣas remain increased and dormant in this stage (līnāvastha) and can produce an attack of the disease when conditions become favourable to it. Such stages are observed in diseases like tamakaśvāsa (bronchial asthma), Viṣama - jvara, apasmāra

(epilepsy) etc. The importance of the knowledge of these stages lies in the fact that during the attack the treatment has to be directed towards correction of dōṣas,[2] while between the attacks treatment must be given for increasing the power of dhatus and srōtasas, i.e. vyādhīkṣamatva.

iii) Dōṣapākavastha - It is a stage favourable to treatment of diseases because in this condition ama is separated from dōṣas. Dōṣas get digested, (dōṣapāka), their vitiation subsides and they either tend to become normal or start coming towards the kōṣtha. Therefore the treatment must aim at producing dōṣapāka, which depends upon agnibala and if and when dōṣas get, accumulated in kōṣṭha, they should be drained out by a proper method of śōdhana.

When the process of dōṣapāka starts, the disease-process begins to diminish and is manifested in following symptoms 1) The symptoms of the dosas taking part in samprāpty start diminishing; 2) In case there was fever or increased temperature of the affected part, it starts subsiding; 3) As the dōṣas and āma starts separating from the dhātus and the srōtasas, the body is relieved of heavyness and lightness or a sense of relaxation is produced; 4) In the vitiated state of dōṣas and āma, the desire of the sense organs to respond to sensations remain depressed; but in the stage of dōṣapāka this depression is removed. The sense organs get refreshed and become ready to respond to sensations.[3]

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2. तत्रस्थाश्च विलम्बेरनन्भूयो हेतुप्रतीक्षिण : । A. H. Sū 13/19

3. दोषप्रकृति वैकृत्यं लघुता ज्वरदेहयो ।
इन्द्रियाणां च वैमल्यं दोषाणं पाकलक्षणम् ॥ C. S

B) Stages occurring due to changes in dūṣya:

Dūṣyas include dhātus and malas. But malas do not produce any specific stages in the process of disease. Hence we shall deal with the stages occurring due to changes in dhátus.

i) Dhātupāka: Vitiation of any dōṣa may cause either a temporary damage to or permanent destruction of dhātus because they are subjected to a process of digestion. This is called as dhātupāka - avastha. As it is a process of digestion or pacana, pitta plays a prominent role, whichever be the dōṣa taking part in samprapti. Dhātus being the essential components of the body, the general body-strength is entirely dependent on them. Hence dhátupaka is taken as a serious stage in the progress of samprāpti. The only exception to this phenomenon is the case of raktadhātu. The sitakaṇa or W.B.C. play an important role in digesting and destroying any foreign matter (āgantu hētu substances) - e.g. pathogenic organisms, foreign proteins and other substances. They also swallow and digest the dying or decaying tissue (dhātu) - cells which have also become foreign to the body. Unless this phenomenon takes place dhātupāka of other dhatus will not be controlled. Even though the digestion of sitakana (WBC) also takes place which is in fact a dhātupāka. the process is essential for controlling the pathology. Secondly, when the srōtas and agni of raktadhātu are functioning very well, this transient dhātupāka is corrected quickly by the formation of new sitakaṇas and thus svāsthya is maintained.

As we have seen above, dhātupāka causes a damage or destruction of tissue - cells and body substances. Hence this

stage must be controlled as early as possible. A physician must always bear in mind the role of dhātupāka and dōṣapāka. He should attempt to create dōṣapāka and to prevent dhātupāka as much as possible.

The advanced devices of modern technology are very helpful in tracing the symptoms of dhātupāka when they are hidden. For example, the presence of albumin in urine suggests māmsadhatupāka; the presence of a high level of serum glutamic oxaloacetic transaminase (S.G.O.T) in blood suggests dhātupāka of the muscles of the heart; and that of a high level S.G.P.T. in blood is suggestive of dhātupāka of the liver tissue; Ketone bodies in urine suggests dhātupāka of mēdōdhātu.

Under conditions in which the occurrence of dhātupāka is not traceable by the above methods of investigation and there are no specific symptoms of a particular dhātupāka, one may rely on the group of symptoms given in Bhāvaprakāśa which definitely suggest, the condition of dhātupāka occurring in the body. Very often physicians ignore such symptoms considering them as minor ones, because of their lack of knowledge and miss an important factor in the diagnosis of dhātupāka.

The above said symptoms are loss of sleep; unusual feeling in chest such as pressure, heavyness, constriction etc.; acute constipation; dullness in the body; dislike for taste; aversion in everything; and general weakness.[4] A close

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4. निद्रानाशः हृदिस्तंभो विष्टंभो गौरवारुचि ।
अरतिर्बलहानिश्च धातूनां पाकलक्षणम् ॥ Bhāvaprakāśa

observation of these symptoms will reveal that all these are produced by vātaprakōpa which is the result of dhátuksaya occurring due to dhātupāka. The curious thing is that these symptoms are observed even in the condition of dhātupāka of rasadhātu. Rasadhātu is mainly utilized for the liberation of energy, essential for any activity in body. Therefore in conditions of over activity rásadhātupāka and its kṣaya take place producing the above symptoms. If these symptoms are produced in the absence of over exertion, they deserve serious attention because they indicate dhātupāka of other major dhātus like rakta, māmsa, majja or śukra.

During the process of recovery; the stage of dhatupaka gets controlled and symptoms exactly opposite to that of dhātupāka begin to appear e.g. insomnia reduces and the patient gets good sleep; viṣṭambha, i.e. obstruction in various channels or srōtasas gets relieved. It is important to note that the word 'viṣṭambha' should not be taken in its narrow sense of constipation, but should be taken in the wider sense which includes obstruction and stagnation of body substances. In such conditions the substances exceed their normal threshold values and this can be detected by various pathological investigations. Increased level of bile salts and bile pigments, blood urea, blood cholesterol etc are some of the examples. These increased values suggest a definite stage of dhātupāka in various organs and systems. During the recovery period these increased values start returning to the normal, which helps prognosis.

In chronic cachectic diseases like Rājayakṣmá (Tuber culosis), Duṣṭārbuda (Malignancy)etc. the dhātus are destroyed. If this destruction is progressive the condition of patient

becomes incurable (asādhya); but if the pathology is checked, the condition of dhātupāka gets restricted which is suggestive of good chances of recovery.

It is observed that under wasting conditions of the body, such as oldage, wasting syndromes etc. excretions from the various sense organs, i.e. "Khamala", are increased, which is a guide line for understanding the condition of dhātupāka.

Dhātugatāvastha: When dōṣa - dūṣya sammūrchana of disease invades the deeper or higher dhātus, the condition is called as dhātugatāvastha. In Caraka dhātugatavasthas of Jwara, Kuṣṭha, Vātarakta and Masūrika are described as examples. But this condition can occur in any disease and severity of the symptoms is greater when dhātus like Asthi, Majja and Śukra are involved. Very often the dhātugatāvastha of certain diseases have been described as separate diseases. For example, māmsadhātugatavastha of Amlapitta is described as Pariṇāmaśūla.

iii) Nava - jīrṇāvastha: The condition of a newly formed disease is called as Nava-avastha and after a certain period which varies from disease to disease, it gets converted into jīrṇāvastha. According to Caraka jīrṇāvastha occurs due to the weakness of dhātus.[5] When dhātus become deficient in energy they fail to resist the pathological process and this condition becomes chronic. In such conditions dhātvagnimāndya, dhātukṣaya and vāta prakōpa occur. These are important, from the point of view of treatment.

5. दौर्बल्यात देहधातूनां ज्वरो जीर्णोनुवर्तते । C.S. Ci. 3/291

iv) Uttāna - Gambhīra - avasthas; These are the stages in which the superficial (Uttāna) and deeper (Gambhīra) dhātus respectively are affected. Suśruta has described the latter as 'Avagāḍha avastha. In Vātarakta and Kuṣṭha this condition has been cited. In the gambhīra avastha there is massive destruction of deeper dhātus.

3. Stages occurring due to change in the condition of Sṛōtōrōdha or Sṛōtōvaiguṇya:

i) Ajātōdakāvastha, picchāvastha, and jātōdakāvastha are the progressive conditions of sṛōtōrōdha in Udara - vyādhi.

ii) Antaṛvēgi and Bahiṛvēgi avastha : These have been pointed out in the sampṛāpti of jwara. Antaṛvēgi avastha suggests greater srōtōrōdha and dōṣaduṣṭi.

Antaṛvēgi avastha: In this condition symptoms of vitiation of pitta and vāta are prominent. There is internal burning sensation even if the external body temperature is not high. Other symptoms are excessive thirst, delirium, severe pain in bones and joints, obstruction to the excretion of dōṣas, malas like purīsa, mūtṛa etc.[6] This condition can be compared with toxemia of metabolic or microbial fevers.

Bahiṛvēgi avastha : In this condition a burning sensation occurs mainly on the skin and not inside the body. All other symptoms like thirst, delirium etc. get diminished and the disease becomes easily curable.[7]

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6. अन्तर्दाहोऽधिकस्तृष्णा प्रलाप : श्वसनं भ्रम : ।
संध्यस्थिशूलमस्वेदो दोषवर्चोविनिग्रह : ॥ C. S. Ci. 9/39

7. संन्तापोऽभ्यधिको बाह्यतृष्णादीनां च मार्दवम् ।
बेहिर्वेगस्य लिंगानि सुखसाध्यत्वमेव च ॥ C. S. Ci. 3/41

4. Stages occurring due to change in the condition of Āma & Agnimāndya.

These two factors are interdependent and should be considered together. The change in the constitution of ama which occurs due to increased power of agni converts the primary stage, ie. Āmāvastha, in to Pacyamānāvastha and Pakvāvastha. When the power of agni gets increased either by treatment or by the natural process the digestion of āma begins and this condition is called as pacyamānāvastha. When the digestion of ama is completed the stage is called pakvāvastha or nirāmāvastha.

ĀSUKĀRI AND CIRAKĀRI

The condition of sudden onset and short duration of disease is called Āśukāri avastha; or acute stage of the disease. If the disease, instead of being cured quickly gets prolonged, the symptoms of the acute stage become milder but persist for a longer time. This condition is called as cirakāri or chronic stage.

Certain diseases like masurika, viṣūcika, pitta-raktaja-pravāhika (Bacillary dysentery) have only the acute condition, while others like kuṣṭha, pakṣavadha and pramēha are only of a chronic nature. Yet in certain chronic diseases there are stages of acute exacerbations. The transformation of plain arbuda into dustārbuda (Benign tumor to malignant tumor) should also be taken as a change in vyādhi avastha.

Importance of the knowledge of avasthas.

i) Certain symptoms are specific for a specific disease, i.e. they are not dependent on the stage of the disease or vyādhi

avastha. For example swēdāvarōdha, santāpa etc. are specific symptoms of jwara vyādhi. But other symptoms are either dependent on dōṣaduṣṭi of vyādhiavastha. It is essential to differentiate the symptoms occurring due to dōṣaduṣṭi from that due to vyādhiavastha, to arrive at a correct diagnosis. The descriptions of āmavastha and kaphaja vyādhi, so are the descriptions of pacyamānāvastha and pittajavyādhi, given in the Samhitas closely resembles each other. In such cases, if the physician is not experienced enough to understand the changes in the symptoms occurring due to vyādhiavastha he may not be able to distinguish between the two conditions. For example gurugātrata, praseka, hrllāsa and tandra are the symptoms common in the sāmāvasthas of jwara and kaphaja jwara. But symptoms like apakti, kṣudhmāndya, bahumūtrata are the specific symptoms of the sāmāvastha of jwara.

ii) If treatment is given after a comprehensive understanding of the stage of dōṣa (vṛddhi sthāna or kṣaya); the condition of the body and agni; the mental state and the vyādhiavastha, Vaidya will attain four fold success.[8]

The treatment must change according to the change in vyādhiavastha; For example langhana is recommended in navajwara while ghṛtapāna is essential for jīrṇa jwara. Stambhana is the treatment in atisara, but it is not recommended in its āmāvastha. Hence lack of knowledge of the avasthas may lead to a wrong treatment or "aśudha cikitsa" Such treatment produces several 'upadravas' or complications.

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8. वृद्धिस्थानक्षयावस्थां रोगाणामुपलक्षयेत् ।
सुसूक्ष्मामपि च प्राज्ञे देहाग्निबलचेतसाम् ॥
व्याध्यावस्थाविशेषान् हि ज्ञात्वा ज्ञात्वा विचक्षण : ।
तस्यां तस्यां अवस्थायां चतुःश्रेय : प्रपद्यते ॥ C. S. Ni. 8/36

3) Kāśyapa says that if medicine and pathya are administerated at the improper avastha, i. e. without knowing the specific avasthākāla, they produce greater vitiation of dósas. Hence the value and efficacy of treatment depend on a comprehensive and minute knowledge of various avasthas.[9]

4) A proper knowledge of the avastha is helpful in preventing the development of a more severe stage of the disease. For example, hṛitśūla (angina pectoris) being the early stage of hṛidṛōga (myocardial infarction), if this stage is treated properly it will be possible to prevent the occurrence of hṛidṛōga, proper.

5) A knowledge of the avastha is also helpful in determining the sadhyāsadhyatva of the disease. For example, antarvēgi avastha indicates kaṣtasādhyatva, while bahirvēgi avastha suggests sukhasādhyatva. The benign type of arbuda is sukhasādhya while the malignant type is asādhya. Dhatugatavastha in deeper dhātus like asthi, majja and śukṛa is asādhya.

Symptoms of dhātugatāvasthas of different diseases:

JWARA [10]

1) Rasagata jwara: Sensation of heaviness in the body, nausea and vomiting sensation or vomiting, physical and mental lethargy, dislike for taste.

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9. भैषज्यमनवस्थायां पथ्यमप्यवचरितम् ।
गुणं न किंचित् कुरुते दोषायैव तु कल्पते ॥ Kā. 2/8

10. Mādhava Nidāna - Jwara

2) Raktagata jwara: Haemoptysis, burning sensation in the body, lack of proper discrimination (mōha), giddiness and vomiting, irrelevant talk, eruption of pustules on the skin and thirst.

3) Māmsagata jwara: Cramps in the muscles of the leg, thirst, frequency of bowels and micturition, increased external body heat, burning sensation inside the body, fatigue, irregular spasmodic contractions of the muscles producing irregular movements.

4) Mēdōgata jwara: Excessive sweat and thirst, fainting, irrelevant talk, vomiting, unpleasant odour on the body, dislike for taste, fatigue and physical and mental intolerance.

5) Asthigata jwāra: Abnormal movements of the limbs, production of sound during the joint movements, breathlessness, diarrhoea, and vomiting.

6) Majjāgata jwara: Giddiness, hiccough, cough, vomiting sensation, sharp cutting pain in various marmas.

7) Śukragata jwara: Stillness of penis, excessive discharge of semen and death.

KUṢṬHA [11]

1) Rasagata or Tvakgata: Change in the complexion, dryness, loss of sensation and excessive sweat on the skin at

11. Mādhava Nidāna - Kuṣṭha

site of kuṣṭha.

2) Raktagata: Numbness, goosing, excessive sweat, itching and purulent discharge from site of kustha.

3) Māmsagata: In the site of kustha there is pricking pain: the skin is thickened with longstanding blisters on the skin; and there is dryness in the mouth.

4) Mēdōgata: Difficulty in walking, fissures and wounds on the skin with oozing discharge associated with the symptoms of dhātugatāvasthas of other dhātus.

5) Asthigata and Majjāgata: Conjunctiva becomes reddish, hoarsness or loss of voice, formation of maggots in the ulcers.

6) Śukragata: All the above described symptoms are present and the progeny possesses kuṣṭha right from the birth.

MASŪRIKA [12]

1) Rasagata or Tvakgata: Blisters appear like water bubbles and watery discharge comes out when they rupture.

2) Raktagata: The eruptions are reddish in colour; There is a tendency towards early suppuration and when they rupture a discharge mixed with blood, comes out.

3) Māmsagata: Skin eruptions are hard with oily appearance and the stage of suppuration comes very late. The skin around the eruption is thick and it produces body ache. Excessive thirst, itching, high fever and restlessness of the

12. Mādhava Nidāna - Masūrika

mind are the associated symptoms.

4) Mēdōgata: The eruptions are large, round in shape, slightly everted, smooth and oily in nature. General symptoms are high fever and pain. The mind and the sense organs lose the power of discrimination. This stage is incurable.

5) Asthi and Majjāgata: The pustules are small, flat, slightly everted and dry. General symptoms are severe pain, restlessness, sudden unconsciousness and death due to damage to marmas.

6) Śukragata: The eruptions are ripe, oily in nature and very small but there is intensive pain, along with restlessness, numbness, mental aversion to everything. The patient becomes delirious and violent. In such condition death is very certain.

Because of the success attained in the campaign to create vyādhikṣmatva against masūrika vyādhi, the disease has been completely eradicated in India and hence these avasthas are not at all observed.

VĀTAVYĀDHI [13]

1) Tvakgata: The skin is dry, thin, broken, black in colour. At some places there is pain and the skin in that part appears stretched and reddish in colour.

2) Raktagata: There is intensive pain, burning sensation and discolouration of the skin associated with dislike of taste. There is also cachexia, constipation and eruptions on the

13. C. S. Ci - 28/30--34.

skin.

3) Māmsa-mēdōgata: There is a sensation of heaviness, pricking pain and intensive fatigue after slight exertion.

4) Asthi-majjāgata: A breaking sensation in bones and joints, wasting of the muscles, pain in joints, general loss of power, insomnia and pain everywhere in body.

5) Śukragata: There is early and repeated ejaculation of semen or no ejaculation in males; abortions and various congenital anomalies of foetus in females.

CHAPTER 8

PĀDACATUṢṬAYA AND SĀDHYĀSĀDHYATVA

The sādhyāsādhyatva or the prognosis of any disease (i.e. whether the disease is easily curable, difficult to cure or incurable) depends upon its nature and the healthy combination of the pādacatuṣṭaya i.e. the physician, the medicine, the attendants, and the patient himself. Hence the prognosis and pādacatuṣṭaya have to be considered together.

PĀDAUCATUṢṬAYA: Essentials of medical profession.

The bhiṣak or physician, the dravya or medicine used, the paricaṛaka or upasthātá (attendant) and the rōgi or patient are the four factors which constitute the padacatuṣṭaya. For curing any disease a co-ordination of these four factors is most essential, because it leads to the establishment of dhātusāmya.[1]

Vaidya: (physician)

Among the four factors of pādacatuṣṭaya the Vaidya is of utmost importance, because he is the person who manages the remaining three factors. The following are the qualities of a Vaidya.[2] i) He must have a thorough and complete

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1. भिषग्द्रव्याण्युपस्थाता रोगी पादचतुष्टयम् ।
गुणवत् कारणं ज्ञेयं विकारव्युपशान्तये ॥
चतुर्णां भिषगादीनां शस्तानां धातुवैकृते ।
प्रवृत्तिर्धातुसाम्यार्था चिकित्सेत्यभिधीयते ॥ C. S. Sū. 9/3,5

2. श्रुते पर्यवदातत्वं बहुशो दृष्टकर्मता ।
दाक्ष्यं शौचमिति ज्ञेयं वैद्ये गुणचतुष्टयं ॥ C. S. Sū. 9/6

knowledge of Āyurvēda and a mastery over what he has learned which is beyond all doubts. ii) He must have a long and fruitful practical experience. iii) He must be alert and prompt in taking decisions and initiating actions. iv) He must observe perfect cleanliness and take adequate precautions while attending the patient and preparing various medicines.

Various Āyurvēdic texts have prescribed many more additional qualities for the Vaidya. It is essential to deal with them also in this context. Physician is everything to his patient and hence the latter respects him as if he is the Almighty God. A Vaidya (of any system of medicine) should have a knowledge of other systems of medicines also along with that of the various branches of his own science. Only such a Vaidya can come to a definite scientific conclusion.[3]

While learning various texts Vaidya should be capable of reading between the lines, ie, he should be able to understand the hidden or implied meaning of text. In order to achieve this a Vaidya should become a true disciple of a learned Guru or teacher. During his practice also a Vaidya must keep an open mind, maintain an aptitude for research and acquaint himself with the latest developments in science. He must be courageous in treating the patient and he must have the capacity to take correct decisions at the right time. He must also be able to face the physical and mental strains with a calm mind. His general conduct, behavior, intellectual faculties and memory must be exemplary. He must be detached, free from egotism selfishness, jealousy and bad habits. Such an ideal

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3. एकं शास्त्रामधीयानो न विद्यातश्च शास्त्रनिश्चयम् ।
तस्मात् बहुश्रुत : शास्त्रं विजानीयात् चिकित्सक : ॥ C.S. Sū. 4/7

Vaidya is regarded as life - giver, i.e. "Prāṇadātā".

Paricāraka:

An attendant or paricaraka, who may be a nurse, relative or social worker, must have the following four qualities. i) He should have a technical knowledge of various methods of treatment. ii) He must be prompt and alert in his service while attending the patient. iii) He must have sympathy for the patient. iv) He must observe cleanliness and neatness while attending the patient.[4]

To acquire these qualities an attendant must have a real liking for his duty. He should be prepared to face physical and mental hardships. He should behave politely towards the patient and help him whenever necessary. He should also acquire the qualities expected of a good vaidya as described above.

Auṣadha: i) An ideal medicine should possess abundant good qualities ii) It should especially have qualities like dōṣapratyanīkatva, vyādhipratyanīkatva, and rasāyana. iii) It must possess the potentiality for being administered in various forms like kalka, svarasa, āsava and lēha.5 iv) Even after prolonged storage the medicine should maintain its original properties, i.e. its expiry date should be sufficiently long.

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4. उपचारज्ञता दाक्ष्यनुरागश्च भर्तरि ।
शौचं चेति चतुष्कोऽयं गुण : परिचरे जने ॥ C. S. Sū 9/39

5. बहुता तत्रयोग्यत्वमनेकविधकल्पना ।
संपच्चेति चतुष्कोऽयं द्रव्याणां गुण उच्यते ॥ C. S. Sū 9/9

Apart from having these four qualities an ideal medicine should not have any side-effects or toxicity and a minimum dosage should produce the desired effects to the maximum extent (Bhāvaprakāśa).

Rugna: The following are the qualities expected in an ideal patient: i) He must have a good memory so that he would be able to give correct information regarding the history and present condition of the disease as well as his family history. Such patient will also be able to remember the instructions given by the Vaidya. ii) He must be co-operative and must be have according to the instructions given by the Vaidya. iii) He should have courage iv) He should be able to express his ailments in proper words.[6]

The combination of the four basic factors i.e. pādacatuṣṭaya, and the four qualities of each make it possible to consider them together as a single medicine having sixteen virtues, i.e. ṣōdaśakalābhēṣaja[7]. These virtues are responsible for the success of the treatment. The Vaidya occupies the key position because he is the knower of disease and drugs, the instructor of the attendant and patient, and the prescriber of medicines and regimen.

Sādhyāsādhyatva:

The physician who knows the difference between curable and incurable diseases and begins treatment in time

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6. सृतिनिर्देशकारित्वमभीरुत्वमथापि च ।
ज्ञापकत्वं च रोगाणामातुरस्य गुणा : स्मृता : ॥ C. S. Sū 9/9

7. कारणं षोडशगुणं सिद्धौ पादचतुष्टयं ।
विज्ञाता शासिता योक्ता प्रधानं भिषगत्र तु ॥ C. S. Sū 9/10

with a thorough knowledge of the case, succeeds in his efforts without fail. But a physician who undertakes the treatment of incurable diseases will invariably suffer loss of income, tarnish the image of his science and earn disrepute and unpopularity for himself.[8]

Classification:

Diseases are classified under two main heads and each of them into two sub categories.

A) Sādhya vyādhi: i) Sukhasādhya or easily curable and ii) Kastasadhya or curable with some effort.

B) Asādhya vyādhi: i) Yāpya or palliable and ii) Anupakṛama or absolutely irremediable.

Qualities of Sukhasādhya Vyādhi

The characteristics of an easily curable disease are the following: i) The causes, the prodromal symptoms and symptoms proper are mild: ii) The dōṣa and the dūṣya participating in its pathology are not homologus; eg. pittaja jwara having sammūṛchana other than raktadhātu; iii) The dōṣa taking part in its sampṛāpti and the dōṣa responsible for its constitution (pṛakṛuti) are not homlogous iv) The season and the place are not homologous with the dōṣa. v) The

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8. साध्यासाध्यविभागज्ञे ज्ञानपूर्वं चिकित्सक : ।
काले चारभते कर्म यत्तत् साधयति ध्रुवम् ॥
अर्थविद्यायशोहानिमुपक्रोशमसंग्रहम् ।
प्राजुयान्नियतं वैद्यो योऽसाध्यं समुपाचरेत् ॥ C. S. Sū 10/7-8

disease follows only one tract or gati, has no complication and is newly produced. vi) The disease is produced by a single dōṣa and it responds easily to various medicines. vii) The catuspada has all the required qualities.[9]

Qualities of Kastasadhya Vyādhi:

i) The causes and the premonitory and monitory symptoms are of moderate strength: ii) Only one factor out of the three consisting of kāla, pṛakṛti and dūṣya is homologous with the dōṣa responsible for the disease: iii) The disease is produced in a gravida, the aged or children: iv) Complications occur but are not severe: v) The disease requires treatment in the form of surgery, ksārakarma or agnikarma; vi) Even if the disease is newly formed it persists in joints or marmās; vii) The disease occupies only one tract but the catuspada does not fulfill the required qualities. It remains in more than one tract, but the duration of the disease is not prolonged.[10]

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9. हेतव : पूर्वरूपाणि रूपाव्यल्पानि यस्य च ।
न च तुल्यगुणे दूष्यो न दोष : प्रकृतिर्भवेत् ॥
न च कालगुणस्तुल्यो न देशो दुरुपक्रम :
गतिरेका नवत्वं च रोगस्योपद्रवो न च ॥
दोषश्चैक : समुत्पत्तौ देह : सर्वौषधक्षम : ।
चतुष्पादोपपत्तिश्च सुख सुखसाध्यस्य लक्षणम् ॥ C. S. Sū 10/11-13

10. निमित्तपूर्वरूपाणां रूपाणां मध्यमे बले ।
कालप्रकृतिदूष्याणां सामन्येऽन्यतमस्य च ॥
गर्भिणीवृद्धबालानां नात्युपद्रवपीडितम् ।
शस्त्रक्षाराग्निकृत्यानां अनवं कृच्छ्रदेशजम् ।
विद्यादेकपथं रोगं नातिपूर्णचतुष्पदम् ।
द्विपथं नातिकालं वा कृच्छ्रसाध्यं द्विदोषजम् ॥ C. S. Sū 10/14-16

Qualities of Yāpya Vyādhi:

In this state, the disease allows the patient to prolong his life to a certain extent: but he has to be sustained by means of strict regimen. These diseases admit of slight relief but get readily aggravated by slight causes. Such diseases are deep-seated; they affect many dusyas and remain lodged in vital parts and joints. They relapse constantly or persist for a longtime. Their samprāpti is produced by a combination of two dōṣas.[11]

Qualities of Pratyakhyeya Vyādhi:

In this state the diseases are incurable as well as immitigable. Such diseases are produced by the vitiation of three dōṣas. They fail to respond to any treatment. They invade all the vyādhimārgās giving rise to excitement, restlessness and stupefaction. They destroy the sense faculties. When they afflict weakened constitutions they get greatly aggravated and are accompanied by fatal signs or ariṣṭas.[12]

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11. शेषत्वादायुषो याप्यमसाध्यं पथ्यसेवया ।
लब्धाल्पसुखमल्पेन हेतुनाऽशुप्रवर्तकम् ।
गम्भीरं बहुधातुस्थं मर्मसन्धिसमाश्रितम् ।
नित्यानुशायितं रोगं दीर्घकालमवस्थितम् ।
विद्यात् द्विदोषजम् । C. S. Sū 10/17–18

12. .... तद्वत् प्रत्याख्येयं त्रिदोषजम् ।
क्रियापथमतिक्रान्तं सर्वमार्गानुसारिणम् ॥
औत्सुक्यारतिसंमोहकरमिन्द्रियनाशनम् ।
दुर्बलस्य सुसंवृद्धं व्याधिं सारिष्टमेव च ॥ C. S. Sū 10/18-20

There are a few exceptions to rules of sadhyasadhyatva. Certain diseases, though incurable, are not fatal: e.g. Kusudṛakuṣṭha (psoriasis, allergic eczema). Certain diseases are found to be curable in some individuals while they are incurable in others. The type of persons in whom they become incurable have been specified by Suśṛuta. Those who are overstrict in their religious behavior; administrators; emperors; ladies and children who are adament and noncooperative; aged and cowardly persons; employees who are unable to adhere to treatment and regimen; persons having various addictions etc.

CHAPTER 9

JANAPADŌDHVAMSA

The word janapadōdhvamsa means the situation involving the destruction or death of a large population spread over a small locality, a country as a whole, a part of the world or even the entire world. The reason for such a massive destruction of population is explained by Cakrapāni. In this connection he has divided the etiology of diseases in to two main categories.

1. Factors pertaining to the individual: (Asādhāraṇa hētus): These cause diseases to individuals which may be called dōṣajavyādhis.[1]

2. Factors pertaining to the society: These are common for the entire community concerned. The vitiation of such factors are liable to cause diseases or death, especially in the people having less resisting capacity (Vyādhi kṣamatva).[2] These factors are jala, dēsa, vāyu and kāla. The factors related to individuals are described in the chapter 'vyādhihētu' and here we shall deal with the common factors which are responsible for 'Janapadōdhvamsa'.

It has already been stated that the factors related to

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1. द्विविधो हेतुर्व्याधिजनक : प्राणिनां भवति–साधारण : असाधारणश्च
तत्र असाधारणं प्रतिपुरुषनियतं वातादिजनकमाहाराद्यभिधाय ।

2. बहुजनसाधारणं वात–जल–देश–कालरूपं साधारणरोगकारण–
मभिधातु जनपदोध्वंसनीयो अभिधीयते ॥ Ca. Vi. 3/1-2 (Cakrapani)

society are vitiated vāyu, jala, dēsa, and kāla. But the basic cause for their vitiation is 'Adharma'. 'Dharma' is the stipulated behaviour meant for the protection and well being of the society and the individual. Hence the violation of this rule regarding behaviour is called Adharma. According to Caraka the administrator or ruler of a 'community, such as that of a city or a state or a nation is the chief person responsible for the observance of this rule. When he disobeys the laws of dharma, his subordinates as well as the citizens also start disobeying the laws. This chain of disobedience increases the intensity of 'Adharma'. The effects of such behaviour, ie. adharma, are not restricted to the material world, but they affect the supernatural or divine forces also. There are certain divine forces responsible for the maintanance of the normal rhythmic balance of the seasons (Ṛtus). Due to 'Adharmācaraṇa' these divine forces (Dēvatas) get disturbed and ultimately the rhythmic cycle of seasons (Ṛtucakra) also gets disturbed.[3] This disturbance produces vitiation of vāyu, jala, dēsa and kāla.

The cause of this basic adharmācaraṇa is prajñāparādha. (The nature of prajñāparādha has been discussed in another chapter). The causative factors of prajñāparādha, i.e. rajōguṇa and tamōguṇa, create greed, selfishness, a tendancy to harm other persons, jealousy and anger. When it occurs in persons who are in a position to command the society, owing to their high physical, financial, intellectual or administrative power, they are able to disturb the society. The physical and mental peace of the society is disturbed and hence people become susceptible to diseases.

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3. तमूवाच भगवानात्रेय . . . . .
नियतप्रत्ययोपलभ्यादनियतश्चापरे । Ca. Vi. 3/20-23

Caraka has divided the etiological factors of Janapadōdhvamsa into two main categories, (i) Inevitable disastrous factors (Niyatātankaparāya hētu) and (ii) Evitable disastrous factors (Aniyata ātankaparāya hētu).

Inevitable disastrous factors[4]

The sun, moon, stars and planets are described as constituting one of the main inevitable disastrous factors. Modern astronomy and other sciences have proved the fact that the stars, the planets etc., when they occupy a particular position at a particular time, produce beneficial or adverse effects on individuals as well as on communities (Janapada). They are also capable of creating good or bad effects on animals and plants. Adverse effects are also observed during the periods of eclipces. These effects could be due to alterations in the electro-magnetic field produced by the stars and the planets.

Modern scientist have also noted a peculiar phenomenon that some Asterids travel close to the earth before the occurrance of disastrous panepidemics or global epidemics. The effects of the electro-magnetic forces of such Asterids appear to be favourable to the multiplication and extensive spread of various pathogenic organisms which cause epidemics. Hindu religious scripts have given certain basic instructions for minimising the adverse effects of eclipces on the human

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4. नक्षत्रग्रहगणचन्द्रसूर्यानिलनलानां दिशां चाप्रकृतिभूतानां मृतुवैकारिक भावाः अचिरादितो भूरपि च न यथावत् रसवीर्य विपाकप्रभावं ओषधीनां प्रतिविधास्यति तद्वियोगाच्च, आतङ्क–प्रायता नियता । C. S. Vi. 3/4

body and mind. They are: meditation; chanting of certain mantras; avoiding preparation or eating of any food during the pre-ecliptic period; and cleaning of the house and cooking utensils soon after the eclipse.

Abnormal variations in the seasonal cycles such as excessive rainfall or absence of rainfall in the rainy season,occurrence of rainfall in other seasons, extreme cold waves during winter, extreme heat during summer and sudden occurrence of cyclones are also factors which are inevitable and they produce immediate disastrous effects. The long range effects of abnormal variations of seasons include abnormality in the rasavīryavipāka of medicinal plants and of those which produce food materials. The modern scientific investigations can be made use of in forecasting disastrous events like cold waves and cyclones. All such factors including earthquakes and volcanos are included in the category of inevitable factors. It is important to note that abnormal variations in seasons also cause massive multiplication and spread of pathogenic organisms which leads to the occurrence and spread of epidemics.

Evitable disastrous factors

Adharmācaraṇa, wars, curses, pathogenic infection and effects of evil forces are factors which can be avoided by the proper application of the human intellect and by the observance of psychophysical behaviour. Hence these factors are called evitable.

1) Adharma:

Eventhough in broader sense, adharma has to be taken

as bein responsible for any kind of Janapadōdhvamsa, it should specifically be included in the category of evitable factors. The reason is that prajñāparadha which is responsible for adharmācarana, can be avoided by increasing the satva quality of the mind and by reducing the raja and tama qualities simultaneously. As already state, the administrator or ruler is primarily responsible for the generation and spread of adharma. From the ruler adharma spreads to his subordinate authorities and then among the population as a whole, specially among those who weild economic, physical or administrative power. People engaged in various professions, for example, lawyers, contractors, engineers, teachers etc., also start violating the laws of dharma. The ultimate result of this is disturbance in the physical and mental health of the population.

This widespread adharmācaraṇa produces several types of disturbances in public health and in the observance of hygiene by the people. Industrial effluences pollute soil, water and air. Adulteration of various edible substances affects the health of the people. Corrupt administrators support such irregularities committed by industrialists and merchants. In short, selfishness and greed resulting from an increase of rajōguṇa and tamōguṇa, ultimately becomes responsible for widespread diseases and distruction of population. Epidemics like infective hepatitis caused by water pollution and respiratory disorders produced by air pollution and the adverse effects of malnutrition are examples of the disasters resulting from such adharmācaraṇa.

2) War (Śastraprabhava):

Even a casual review of the history of the world will reveal the fact that the selfishness, greed and jealousy of

Emperors or other administrators have been the causes of wars. The effect of every war has been destruction of men and materials on massive scale. The atomic and other modern weapons used in the last two world wars not only destroyed large populations but also produced far reaching disastrous effects, just as it happened in Hiroshima and Nagasaki.

3) Curse (Abhisāpa):

If a ruler or administrator starts adharmācarana and becomes rude, thereby insulting the Saints or Ṛṣīs the latter might curse that person or the country governed by him and this produces disastrous consequenecs[5].

4) Pathogens and evil forces: (Rakṣōgana-Bhūtasamgha)[5]

In mythological texts of different religions, several demons are described as having tremendous physical strength and evil powers. They have been regarded as being responsible for massive destruction of populations. In the Indian mythology they are called the Rakṣōgaṇa. According to Caraka the adharmācaraṇa of the people may result in destruction by demons.

Uncleanliness and unhygienic behaviour at the physical level, i.e. 'apacāra'[7] creates a favourable ground for the

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5. तथा अभिशापप्रभवस्यापि अधर्म एव हेतुर्भवति । ये लुप्तधर्माणो धर्मादपेतास्ते गुरुवृद्धसिद्धर्षि पूज्यानवमत्य अहितानि आचरन्ति; ततस्ता : प्रजा गुर्वादिभि छ : अभिशप्ता भस्मतां उपयान्ति प्रागेव अनेकपुरुष कुलविनाशाय नियतप्रत्ययोपलम्भात् अनियताश्चापरे ॥ C. S. Vi. 3/20-23

6. राक्षसादि उत्सादो अपि जनानां अधर्मकृतेव भवति । C. S. Vi. 3/22. Cakrapāni

7. अपचारान्तरमिति . . . . . अशौचादीत्यर्थ । C. S. Vi. 3/22. Cakrapāni

contamination by and the spread of pathogenic organisms giving rise to various epidemics, which destroy the population. These organisms may be treated as the Raksogana or Bhutasamgha described in the ancient texts. Uncleanliness and unhygienic behaviour cause contamination of the milk, food stuff, water and other substances supplied to the population. They also favour the growth of the carriers of organisms such as rats, mosquitos, flies and bed-bugs. The occurrence and spread of epidemics after floods, cyclones etc are mainly due to the contamination of the surroundings.

Nature of Janapadodhvamsa diseases:

Factors like dosa, düsya, prakrti and age which are taken into consideration in regard to diseases vary from individual to individual. Such is not the case with the Janapadodhvamsa diseases. While there are variations in the individual factors, certain other factors affect the entire population. They are vayu, jala, desa and kala.

Vayu:[8]

Vayu is responsible for the movement of the air and other minute substances like micro-organisms, dust, allergens, pollens and volatile toxic gases. Naturally, vitiation of vayu means the spread of vitiated, polluted, hot or cold air containing these substances. The atmospheric temperature makes the air hot or cold and because of the pressure gradient air current starts from one place to another. This movement of air is called the wind. The force behind this action is vayu.

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8. तत्र वातमेवंविधमनारोग्यकरं विद्यात्; तद्यथा – यथर्तुविषमं
..... धूमोपहतमिति । C. S. Vi. 3/6-1

The vitiated vāyu possesses different types of abnormal qualities. Air current which flows abnormally, ie not according to its season; that stops its movement making the air dump (stimita); forceful wind; extreme dry, hot, cold, humid, stormy or cyclic wind, that which produces severe cyclones and rainfall or wind which spreads obnoxious gases, sand, dust particles, pollen or smoke. All these abnormal qualities of vāyu spread different types of respiratory, allergic toxic and infective epidemics among the people. Due to its extensive motion vāyu has become the main factor responsible for spreading Janapadōdhvamsa diseases, more so than any other causative factor.

Jala:

Vitiated jala possesses abnormal odour, colour, taste and touch. It appears muddy and stagnated and loses its normal healthy qualities. Therefore creatures which usually stay in water such as fish and crabs and birds staying nearby leave such vitiated jala and migrate to other areas.

In the present world of industrialisation and urbanisation water oftern gets vitiated owing to disposal of industrial effluents, sewage etc. the drinking water supplied to cities usually comes from a common source like lakes, tanks, other reservoirs or rivers. The above mentioned factors of pollution are very likely to pollute such sources of water. Similarly leakages in underground sewage pipes may also contaminate the drinking water distributed through underground pipes. The spread of such polluted water produces several Janapadōdhvamsa hazards which are often observed in the day to day life.

Dēśa:

The area or locality occupied by population is called desa. Due to several vitiating factors produced by adharmācharaṇa, dēśa gets polluted or vitiated in various ways. The qualities of such vitiated dēśa narrated by Caraka are as follows:

The soil will have abnormal colour, taste, odour, and touch. It becomes damp or marshy. Various harmful animals and insects increase in number and wander about in such places. They include different kinds of reptiles, snakes, mosquitos and other insects. Animals and birds like owls, for etc. which normally reside in jungles or graveyards, appear and stay in such dēśa.

The above descripition of vitiated desa is mainly applicable to the past ie. to the historical period upto 19th century. But from the beginning of the 20th century the rapid development of various industries, overpopulation, improper and excessive use of fertilizers, improper removal of the sewage and waste materials etc. also has been causing vitiation of the soil similar to that of water described above. Green vegetables, fruits and other food materials so get polluted by different toxic substances and pathogens which are likely to cause harmful diseases among the people. Hence these additional facts also have to be incorporated in the description of the characteristics of vitiated dēśa along with those pointed out by Carākacārya.

Kāla:

In the context of Janapadōdhvamsa kāla means the

season with reference to the atmospheric condition. Hence vitiated kāla is the abnormal season or season exhibiting its qualities in an excessive or reduced level eg. heavy rainfall; very low rainfall or no rainfall at all during the rainy season in a particular area. It clears that the absolute time factor irrespective of the season and the atmospheric condition is not a responsible factor: only the vitiated season is responsible for Janapadodhvamsa.

If we observe the nature of the etiological factors of Janapadodhvamsa we shall be able to understand that they are liable to cause disastrous effects through various diseases, including large scale destruction of population. These effects are irrespective of the diet taken by the individuals, the strength of his body, its tolerance to various kinds of food and other substances, his age etc. The obvious reasons are: i) the etiological factors described above are common to the entire population and ii) They are so powerful as to overcome the protective factors in the individual body and produce Janapadōdhvamsa diseases.

The nature of such diseases and their severity and spread depend upon the type, nature, severity and spread of the etiological factors. A few concrete examples of the occurrence of such diseases in modern times will substantiate this fact.

1) Vāyu:

The vitiating substances present in the atmosphere as described above spread various diseases according to their nature. For example the poisonous gases emitted by factories produce different types of illness, especially those of the

respiratory tract. The spread of bacteria and viruses produces epidemics or pandemic diseases. The pollens and other allergens present in the air produce different allergic disorders. Abnormally forceful winds and cyclones destroy houses, plantations etc. as well as population. The after effects of cyclones create unhygienic conditions, giving rise to various epidemics. The occurrence of cholera after such calamities is a common phenomenon.

2) Jala:

The factors responsible for pollution of water have already been described and they produce diseases of an epidemic nature such as cholera, gastro-enteritis, enteric fever and infective hepatitis.

3) Dēśa:

Due to improper disposal of human and animal excreta and other waste products the soil gets contaminated. Mosquitos, rats, bacteria, helminths like roundworms, hookworms etc. grow and multiply on such soil. Hence green vegetable, fruits etc. get contaminated and produce several infectious diseases. The use of improper fertilizers and the indiscriminative spraying of insecticides on crops produce various toxic and allergic effects. The rapid growth of the harmful grass known as 'congress grass' has caused allergic diseases in large population. The disastrous effects of the eruption of volcanos and earthquakes can be included in Dēśa duṣṭi.

4) Kāla:

As we have seen, kāla means the environmental con-

dition at a particular period. The disastrous effects of war, famine, riots etc. may also be included in kaladusti.

Remedies for Janapadodhvamsa [9]

One of the remedies is to prevent janapadodhvamsa diseases and another is to cure them. The greatest importance should be attached to prevention, wherever possible. As we have already seen adharma is the root-cause of Janapadodhvamsa and hence to prevent it the people, especially their rulers and administrators, should strictly follow the laws of Dharmacarana. They should be have in such a manner that prajnaparadha could be avoided; i.e. all efforts should be made to increase satvaguna in every person. Study of philosophy, awareness of the soul, maintenance of constant contact with Saints and holy people, development of a spiritual attitude etc are the means of increasing satvaguna.

The responsiblity of Vaidyas consists in collecting herbal medicines in times when váyu, jala, desa and kála are not vitiated, i.e. when herbs possess their normal qualities and preserving them for future use. In the same way farmers and government should preserve the necessary quantities of food grains. When disastrous conditions occur as in times of cyclone, flood, earthquake etc. the government as well as people living in the nonaffected area should give intensive help to the affected people by supplying food, cloth, medicines etc. they should also assist the rehabilitation of affected people.

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9. चतुर्ष्वपि तु दुष्टेषु .....
येषामनियतो मृत्युस्तास्मिन् काले सुदारुणे ॥ C. S. Vi. 3/12-18

Every person should increase general immunity of his body (Vyādhikṣamatva) by pancaśōdhana and proper use of rasayanas, so that he will be able to fight successfully against unexpected attack of Janapadōdhvamsa diseases.

Janapadōdhvamsa diseases occurring in the epidemic form owing to the activities of micro-organisms (rakṣōgaṇa) bhūtasangha, should be prevented, wherever possible, by resorting to proper methods of immunisation. For example vaccines like that of smallpox, T.A.B., Tripple antigen and polio vaccine are of great help.

For the prevention of epidemics through avoiding pollution of dēśa, jala, vāyu and kāla, care must be taken by every individual and the public health department to maintain personal and social hygiene.

CHAPTER 10

VYĀDHIKṢAMATVA

When etiological factors come into contact with the body they try to produce disease. At the same time the body tries to resist the disease. This power of the body which prevents the development of diseases or resists a developed disease is called vyādhikṣamatva.[1]

It is commonly observed that certain persons do not develop a disease even after coming into contact with the relevant etiological factors (repeatedly) while others become victims of the disease. The reason is that when the resistive power of the body is sufficiently strong it destroys the causes. A beautiful simily is used in Manusmrti to illustrate this fact, i.e. when a seed is sown in non-fertile soil it is destroyed.[2]

Vyādhikṣamatva depends upon the maintenance of the equilibrium of dōṣas and the healthiness of dhātus. The factors which have to be checked while examining a patient have been described by Caraka, and bala (strength) is one of them. This bala depends upon the healthiness of dhātus. As dhātus are the factors which protect the body and enable to resist the disease and bala is dependent on dhātus, it may be said that vyādhikṣamatva is mostly dependent on bala. If we consider the factors described by Caraka as being responsible for

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1. व्याधिक्षमत्वं नाम व्याधिबलविरोधित्वं व्याध्युत्पादकप्रतिबंधक-
त्वमिति । C. S. Sū. 26/81 Cakrapani

2. अक्षेत्रे बीजमुत्सृष्टमन्तरेव विनश्यति । Manusmriti.

increasing bala it will become clear that most of these factors are related to the healthiness of dhātus. They are: i) birth in a country where people are naturally strong, ii) birth at a time when people naturally gain strength, iii) favourable disposition of time (pleasant and moderate climate), iv) excellence of the qualities of the sperm and the ovum, v) excellence of the ingested food, vi) Excellence of the physique, vii) excellence of the satmya, viii) excellence of mind, ix) favourable disposition of the race and species (kula and jāti), x) exercise and, xi) cheerful disposition during sexual indulgence.[3] This bala is attainable from three sources - constitutional, temporal, and acquired. Constitutional strength (sahaja bala) is the one gained from the time of the formation of the foetus onwards. Hence it is dependent on the healthiness of sukra and artava and also on the excellence of time and place. The temporal bala is the one which is gained from the favourable condition of time such as youth and favourable season.

The acquired strength (Yuktija bala) is one which is achieved by the proper combination of diet, exercise and other regimen.[4]

Caraka also states that the maintenance of health

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3. बलवृध्दिकरास्त्विमे भावा भवन्ति । तद्यथा बलवत्पुरुषे देशे जन्म,
बलवत्पुरुषो काले च, सुखश्च कालयोग :, बीजक्षेत्रगुणसंपच्च,
आहारसंपच्च, शरीरसंपच्च, सात्म्यसंपच्च, सत्वसंपच्च, स्वभावसंसिद्धिश्च
यौवनं च, कर्म च, सहर्षश्चेति ॥ **C. S. Sa 6/13**

4. त्रिविधं बलमिति – सहजं, कालजं, युक्तिकृतं च । सहजं यत्
शरीरसत्वयो : प्राकृतं, कालकृतमृतुविभागजं वय : कृतं च,
युक्तिकृतं पुनस्तद्यदाहारचेष्टायोगजम् । **C. S. Su 11/36**

depends entirely upon bala[5]. Susruta says that a patient whose bala has been extremely reduced becomes incapable of being treated.[6]

Relation between bala and oja:

Dalhana in his commentary states that the body strength, i.e. ābhyantarapṛāṇa or bala, is derived from ōja.[7] Hence vyādhikṣamatva is also dependent ōja . It is observed that in diseases accompanied by profuse dhātukṣaya there is also diminution of bala, ōja and vyādhikṣamatva. This condition is observed in rājayakṣma, pṛamēha, pāndu etc.

There are eight types of individuals incapable of resisting diseases. They are i) excessively obese individuals ii) excessively emaciated persons. iii) Those who have improper physiology of the musculature iv) Those with defective blood v) Those who have defective bone tissues vi) Very weak persons vii) Those nourished with unwholesome food and viii) Those who have feeble minds.[8] We know that excessively obese or excessively emaciated persons are very weak; i.e. they are 'durbala'. Similarly, the strength of the body depends largely upon the healthiness of dhātus, specially healthiness of the māmsa, śōnita and asthi dhātus. Hence

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5. बलाधिष्ठानमारोग्यम् . . . . . । C. S. Ci. 3/141
6. प्रक्षीणं च बलं यस्य नासौ शक्यश्चिकित्सितुम् ॥ S. S. Sū. 15/31
7. अत्राभ्यंतरप्राणो बलं तच्चौजोजनितम् । S. S. Sū. 17/13 (Dalhana)
8. शरीराणि चातिस्थूलान्यतिकृशान्यनिविष्टमांसशोणिता–
स्थीनि, दुर्बलान्यसात्म्याहारोपचितान्यल्पाहाराण्यल्पसत्वानि च
भवन्त्यव्याधिसहानि । C. S. Sū. 28/7

persons in whom these three dhatus have improper physiological functions (anivista) are naturally very weak. Persons who usually take unwholesome food are also very weak, as their dhātus are not properly nourished. And lastly, 'sarīra-bala also depends upon the mānasika bala (mental health). Hence persons having feeble mind are also weak. Therefore it may be inferred that the common factor of all these eight types of individuals who cannot resist diseases is their weak constitution (durbalata). On the other hand, individuals whose physical constitutions are of a type opposite to the eight types mentioned above are capable of resisting diseases. If a person's bala (physical and mental strength) is of a high degree then naturally his vyādhikṣamatva is also good and such persons can resist diseases very well.

Persons having good resistance against diseases*

Individuals whose bodies are neither too corpulent nor too emaciated, who possess healthy and good musculature, blood and bone tissues, who are well nourished with wholesome and sufficient food and who have strong minds are capable of resisting diseases.

Persons having proportionate musculature, compactness of the body (samhanana) and healthy indriyas are not overcome by the onslaught of diseases. They can withstand hunger, thirst, the heat of the sun, cold weather and physical exertion. They can also digest and assimilate food properly.[9]

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* व्याधिक्षमशरीराणि

9. सममांसप्रमाणस्तु समसंहननो नर : ।
दृढेन्द्रियो विकाराणां न बलेनाभिभूयते ॥
क्षुत्पिपासातपसह : शीतव्यायामसंसह : ।
समपक्ता समजर : सममांसचयो मत : ॥ S. S. Sū. 21/18,19

Amongst the factors responsible for Vyādhikṣamatva, **Caraka has given the** greatest importance to the healthy **condition of the three dhātus**, i.e. rakta, māmsa and asthi. In **our opinion the reasons for the same are**: i) There is a relation of āśrayāśrayibhāva **between** these three dhatus and tridōsa, i.e. between rakta and pitta; māmsa and kapha: asthi and vāta. The healthy condition of these three dhātus will naturally maintain an equilibrium of the three dōṣas, which is also required for resisting disease. ii) The W.B.C. of the rakta dhātu is the force which fights against any infection and prevents any foreign substance from entering the body. The plasma of the blood contains gamma - globulins which are antibodies. Māmsa dhātu also produces these gamma - globulins. iii) Red bone-marrow in the asthi dhātu is the organ of reticulo-endothelial system responsible for the manufacture of the red and white cells of the blood.

Astau nindita:

They are eight types of undesirable constitutions namely, too tall, too short, too hairy, hairless, too white, too black, too corpulent and emaciated.

These constitutions are considered as undesirable because they do not possess sufficient resistive power against diseases. The qualitative and quantitative proportions of the dhātus are not proper in them. The anguli-pramāna of the body and the compactness of the dhātus are also abnormal. As we have already seen, the rakta, the māmsa and the asthi are the major dhātus related to vyādhikṣamatva. In these eight

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10. तद्यथा – अतिदीर्घश्च, अतिह्रस्वश्च, अतिलोमा च, अलोमा च अतिकृष्णश्च, अतिगौरवश्च, अतिस्थूलश्च, अतिकृशश्चेति C. S. Sū. 21/3

constitutions, these three dhātus remain in an abnormal condition. The dhātvagnis of all the dhātus are also abnormal. The nature of corpulent and emaciated constitutions is related to the māmsa and mēda dhātus; that of too black and too white ones is related to rakta dhātu and bhrājaka pitta; the nature of too tall and too short constitutions is related to the asthi dhātu; and that of too hairy and hairless ones to the mala of asthidhātu.

In our opinion these eight types of ninditas are mainly related to some sort of hormonal dysfunction of the body. The dysfunction of thyroid, gonads, adrenal cortex and pituitary is related to atisthaulya. Hyper activity of thyroid causes wasting of muscles and develops atikārśya. The detailed description of sthaulya and kārśya and that of santarpaṇōttha diseases is given in the chapter 'Vyādhi'.

The atidīrgha constitution is associated with disturbances in the anterior pituitary and produces gigantism. In this condition a person becomes abnormally healthy. He also becomes impotent and cannot resist the diseases.

Atihṛasva constitution is also associated with disturbances in pituitary. In conditions like Frolich's syndrome and Cushing's syndrome such dwarf constitutions are produced.

Alōma and atilōma are associated with dysfunction of pituitary, adrenal cortex and gonad. The advanced modern medicines are also unable to cure these eight conditions even today. This strengthens the intelligent observation made by Caraka. In an atigaura or atikṛṣṇa constitution, bhṛājaka pitta is defective and is responsible for the complexion.

The Aṣtaumahāgada are described in the chapter on 'Ariṣta'.

The pathological conditions of ōja reduce vyādhikṣamatva; hence they are dealt with here. Suśruta has described three deranged states of oja, viz. ōjōvyapat, ōjōvisṛamsa and ōjakṣaya.

i) Ōjōvyāpat: When vitiated dosas contaminate oja this condition is produced. Symptoms: Numbness and heaviness of the limbs, vataja sotha, discoloured complexion, drowsiness and somnolence.[11]

Ōjōvisṛamsa:

When vitiated dōṣas dislodge ōja from its proper seat, ōjōvisṛamsa is produced. Symptoms: Looseness of joints, inert state of the body, feeling of fatigue, dislodging of deranged dōṣas from their natural seats and suppression of bodily and intellectual functions.[12]

Ōjakṣaya:

Symptoms: Fainting, emaciation of the body, bewilderment, distraction of the mind, delirium and loss of consciousness ultimately producing death.[13] Caraka has described the following symptoms. timidity, debility, constant worry, discomfort of the senses, loss of luster, neurasthenia, dryness, and emaciation.

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11. स्तब्धगुरुगात्रता वातशोफो वर्णभेदो ग्लानिस्तंद्रानिद्रा च व्यापन्ने । S. S. Sū 15/24

12. सन्धिविश्लेषो गात्राणां सदनं दोषच्यवनं क्रियासन्निरोधश्च । S. S Sū 15/24

13. बिभेति दुर्बलोऽभीक्ष्णं ध्यायति व्यथितेन्द्रिय : ।
दुश्छायो दुर्मना रूक्ष : क्षामश्चैवौजस : क्षये ॥ C. S. Sū 17/73
मूर्च्छा मांसक्षयो मोह : प्रलापो मरणमिति च क्षये । S.S. Sū 15/24

CHAPTER 11

DŪṢYA-SṚŌTOVIKṚTIVIJÑĀNA

Importance of sṛōtas in the formation of diseases

The formation of any disease takes place only when there is a combination of vitiated dōṣa and vitiated dūsya. We have seen in the chapter on "Dōṣagati and Vyādhimārga" that sṛōtasas are formed solely by dhātus. In Vimānasthāna Caraka says that the factors which are responsible for the vitiation of each dhātu are also responsible for the vitiation of the sṛōtas related to that particular dhātu (or mala).* It is clear from his observation that the impairment (vaigunya) and vitiation of a sṛōtas is the essential condition for the formation of any disease. (For a detailed discussion of this subject see the chapter on Vyādhighātaka-dūṣya).

Prāṇavaha Sṛōtas

Mūlasthāna: (Site of origin). The heart and the mahāsṛōtas form the sites of origin and control of this sṛōtas;[1]

Organs:

The nasal passage, the pharynx, the larynx, the trachea, the bronchi, the bronchioles, the alveoli, the diaphragm and the heart.[2]

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* यान्येव हि धातूनां प्रदोषविज्ञानानि तान्येव यथास्वं
प्रदुष्टानां धातुस्रोतसाम् । C. S. Vi. 5/8

1. तत्र प्राणवहानां स्रोतसां हृदयं मूलं महास्रोतश्च । Ca. Vi. 5/8

2. नासा, नासामार्ग, फणामार्ग, कंठ, कंठनाडी,
अपस्तंभ, वायुकोष, महाप्राचीरा स्वरयंत्र, हृदय ।

Causes of vitiation:

Prānavaha srōtas gets vitiated by the wasting of dhātus, suppression of natural urges, increased dryness in the body tissues and performance of exercise when the person is hungry: it may also occur due to the vitiation of other vital srōtasas.[3]

Other vitiating factors: Entry of air mixed with dust, smoke, harmful and poisonous gases, pollens and other allergens, cotton fibres, and such other substances like silica, coal etc.; and various pathogenic micro-organisms.

Symptoms of vitiation:

Too prolonged or too obstructed respiration, aggravated, shallow or frequent, accompanied by sound and pain.[4]

Diseases related to Prānavaha srōtas:

Kāsa, śvāsa, hidhma, nāsārōga, svarabhēda, hṛdrōga, pārśvasūla, urōgraha and rājayakṣma are the diseases related to prāṇavaha srōtas. The various types of pathology related to these diseases are acute and chronic inflammatory conditions such as rhinitis and sinusitis, nasal polyp, deviated septum, tonsilitis, enlargement and inflammation of adenoid and uvula, diphtheria, pharyngitis, laryngitis, tracheobronchitis, pneumonia, bronchiectasis, emphysema, lung oedema,

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3. क्षयात् संधारणाद्रौक्ष्यात्व्यायामात्क्षुधितस्य च ।
प्राणवाहीनि दुष्यन्ति स्त्रोतांस्यन्यैश्च दारुण : ॥ C. S. Vi. 5/10

4. अतिसृष्टमतिबद्धं कुपतिमल्पाल्पमभीक्षणं वा सशब्दशूलमुच्छ्वसन्तं
दृष्ट्वा प्राणवहान्यस्य स्त्रोतांसि प्रदृष्टानीति विद्यात् । C. S. Vi. 5/8

collapse of lung, empyema, pneumothorax, pleurisy, asthma and benign and malignant tumors.

Annavaha Sṛōtas

Sites of origin: Stomach and oesophagus.[5]

Organs: The mouth, tongue, teeth, gums, salivary glands, pharynx, oesophagus, stomach, duodenum, small intestive and common bile duct.[6]

Causes of vitiation:

Untimely intake of large quantities of unwholesome food and the impairment of the power of digestion i.e. jatharagnimandya.[7]

Other vitiating factors: Diet having low nutritional values; diet which is not tolerable (asatmya); and food contaminated with poison or bacteria.

Symptoms of vitiation: Disinclination for food; anorexia; indigestion; and vomiting.[8]

Diseases related to annavaha sṛōtas: mukhapāka, agnimāndya, arōcaka, ajīṛṇa, ānāha, ādhmāna, amlapitta, pariṇāmasūla and grahani.

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5. अन्नवहानां स्त्रोतसां आमाशयो मूलं वामं च पार्श्वं । C. S. Vi. 5/8

6. मुख, जिह्वा, दंत, दंतवेष्ट, बोधककफग्रन्थी, कण्ड, वामपार्श्व, आमाशय, ग्रहणी, पित्तवाहिनी सिरा ।

7. अतिमात्रस्य चाकाले चाहितस्य च भोजनात् ।
अन्नवाहीनि दूष्यन्ति वैगुण्यात् पावकस्य च ॥ C. S. Vi. 5/12

8. तद्यथा अनन्नाभिलषणं अरोचकाविपाकौ छर्दि च .... । C. S. Vi. 5/8

The various pathological conditions related to the annavaha sr̥ōtas are: stomatitis; glossitis; plummer-vinson-syndrome; hiatus hernia of oesophagus, peptic ulcer, sprue syndrome; intestinal ulcers due to typhoid and tuberculosis; benign and malignant tumors or ulcers in the G.I. tract.

Udakavaha Sr̥ōtas

Sites of origin and organs: Tālu and clōma;[9]
Organs: Ōṣṭha, jihva, talu (soft palate) and klōma (Posterior pharyngeal wall)[10].

Causes of vitiation: Exposure to heat; formation of āma due to indigestion; intake of alcoholic drinks; intake of excessively dry food; and excessive thirst due to inevitable circumstances. [11]

Among the other causes of vitiation one should include those of diseases like udara and śōtha which are related to this sr̥ōtas i.e. those associated with water metabolism. (These factors are described in the second part of this book Rōgavijñāna by Ranade and Paranjape).

Symptoms of vitiation: Dryness of the tongue, palate, throat, lips, klōma.[12]

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9. उदकवहानां स्त्रोतसां तालुमूलं क्लोम च । C. S. Vi. 5/8

10. ओष्ठ, जिह्वा, तालु, क्लोम ।

11. औष्ण्यादामात् भयात्पानात् अतिशुष्कान्नसेवनात् ।
अम्बुवाहीनि दुष्यन्ति तृष्णायाश्चातिपीडनात् । Ca. Vi.5/11

12. तद्यथा जिह्वाताल्वोष्ठकण्ठक्लोमशोषं पिपासां
चातिप्रवृद्धां . . . . । Ca. Vi. 5/8

Diseases related to Udakavaha sṛōtas: Udara and triṣṇa.

The various pathological conditions in which disturbances are observed in udakavaha sṛōtas are fear, stress, diabetes, obesity, oedema and ascitis.

Rasavaha Sṛōtas

Site of origin: The heart and the ten blood vessels.

Organs: The veins, the arteries and the heart.[13]

Causes of vitiation: Excessive intake of heavy cold and extremely unctuous food and over worry.[14]

The factors which vitiate the structure and function of the heart and the blood vessels are increased values of the normal constituents of plasma like increased blood sugar, cholesterol, lactate, urea, uric acid, thrombi, emboli, bacterial toxins and other toxins. Liver is the main site where the absorbed chyle is stored and transformed. Hence the factors which vitiate the liver should also be included: they are viral and toxic hepatitis, obstructive jaundice, benign and malignant tumors etc.

Symptoms of vitiation:

Disinclination for food; anorexia; disguesia; aguesia; nausea; heavyness; torpor; fever accompanied by body ache; fainting; anaemic pallor; obstruction in various sṛōtasas;

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13. रसवहानां स्त्रोतसां हृदयं मूलं दश च धमन्य : । Ca. Vi. 5/8

14. गुरुशीतमतिस्निग्धमतिमात्रं समश्नताम् ।
रसवाहीनि दुष्यन्ति चिन्त्यानां चातिचिन्तनात् ॥ Ca. Vi. 5/13

specially in the blood vessels; impotency; asthenia; wasting of the body; agnimandya, premature formation of wrinkles; and graying of hair.[15]

Diseases related to Rasavaha sr̥ōtas: Hr̥drōga, dhamani praticaya, śōtha, śvāsa (hr̥drōgaja,) kāmala etc.

The various types of pathology related to this sr̥ōtas:

Valvular heart diseases, thrombo-embolic conditions like myocardial infarction, atherosclerosis, hypertension etc. Other conditions are explained above under vitiating factors.

Raktavaha Sr̥ōtas

Sites of origin: The liver and the spleen.

Organs: The bone-marrow, reticulo-endothelial system, heart **and blood vessels.**[16]

Causes of vitiation:

Intake of food materials and drinks which are irritant unctuous or hot and liquid, exposure to the sun etc.[17]

Other factors of vitiation: Alcoholic drinks and infections which are toxic and harmful to the liver and spleen; antibiotics which destroy the red bone-marrow: exposure to radiation;

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15. अश्रद्धा चारुचिश्चास्यवैरस्यमरसज्ञता ।
हृल्लासो गौरवं तन्द्रा साङ्गमर्दो ज्वरस्तम : ।
पाण्डुत्वं स्त्रोतसां रोध : क्लैब्यं साद : कृशाङ्गता ।
नाशोऽग्नेरयथाकालं वलय : पलितानि च ॥ C. S. Sū. 28/9-10

16. शोणितवहानां स्त्रोतसां यकृन्मूलंप्लीहा च । C. S. Vi. 5/8

17. विदाहीन्यन्नपानानि स्निग्धोष्णान्द्रिवाणि च ।
रक्तवाहीनिदुष्यन्ति भजतां चातपानलौ ॥ C. S. Vi. 5/14

food deficient in elements required for blood formation like iron, copper, cobalt, vitamin B complex etc: and leukemias.

Symptoms of vitiation:

Kuṣṭha: visarpa; pimples; raktapitta; menorrhagia inflammation of the rectum, penis and mouth; spleenic disorders; gulma; abscess; bluish-black moles; jaundice; freckles; portwine marks; moles; ringworm; warts; leucoderma; scabies; red wheals; haemorrhagic wheals.[18]

Other diseases related to this srōtas are pāndu, yakrt and plīha vṛddhi, etc. The pathological conditions are various kinds of blood dyscrasias; abnormalities in the bleeding and clotting time; abnormal counts of R.B.C., W.B.C., haemoglobin and platelets; haemorrhagic disorders.

Māmsavaha Srōtas:

Sites of origin:- Snāyu and tvak.[19]

Causes of vitiation:- Deliquescent, gross and heavy intake of food; and sleeping immediately after meals during day time.[20] Other causes: Diet with low nutritional values, specially those deficient in proteins; excessive muscular

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18. कुष्ठवीसर्पपिडका रक्तपित्तमसृग्दर : ।
गुदमेढ्रास्यपाकश्च प्लीहागुल्मोऽथविद्रधि : ॥
नीलिका कामला व्यङ्ग : पिप्लवस्तिलकालका : ।
दद्रुश्चर्मदलं श्वित्रं पामा कोठाऽस्त्रमंडलम् । C. S. Sū. 28/11-13

19. मांसवहानां च स्त्रोतसां स्नायुर्मूलं त्वक् च । C. S. Vi. 5/8

20. अभिष्यन्दीनि भोज्यानि स्थूलानि च गुरूणि च ।
मांसवाहीनि दुष्यन्ति भुक्त्वा च स्वपतां दिवा ॥ C. S. Vi. 5/15

exercise; various pathological conditions in which there is wasting of muscles like rājayaksma, malignancies, diseases of nerves and traumatic injuries.

Symptoms of vitiation: Hypertrophy of muscles, myomas and myosarcoma, piles (kila), warts, various muscular growths in the pharynx, gangrene, cystic new growths in the region of the neck, cervical lymphadenitis and enlargement of uvula[21]. Pathological conditions related to this sṛōtas are - acute or chronic lymphadenitis due to tuberculosis, syphilis, filariasis, hodgkinisms, leukemia, malignant metastasis and non specific organisms; lymphosarcoma, myoblastoma, rhabdomyosarcoma.

Medōvaha Sṛōtas:

Sites of origin:- Kidneys and omentum.[22]

Causes of vitiation:- Lack of exercise, day sleep, excessive intake of fatty food and 'Vāruni' type of wine. Other causes of vitiation are those of santarpaṇōttha diseases which are described in the chapter on 'Vyādhi'.

Symptoms of vitiation:- Prodromal symptoms of prameha. i.e. excessive accumulation of tartar on the teeth, burning sensation in the palm and sole of foot, oilyness of the skin, excessive thirst and sweet taste in the mouth.[23] Additional

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21. अधिमांसार्बुदं कीलं गलशालूकशुण्डिके ।
पूतिमांसालजीगण्डगण्डमालोपजिह्विका : ॥ C. S. Sü. 28/14

22. मेदोवहानां स्त्रोतसां वृक्कौ मूलं वपावहनं च । C. s. Vi. 5/8

23. अव्ययामात् दिवास्वप्नात् मेद्यानां चातिभक्षणात् ।
मेदोवाहीनि दुष्यन्ति वारुण्याश्चातिसेवनात् ॥
दन्तादीनां मलाठ्यत्वं प्राग्रूपं पाणिपादयो : ॥
दाह श्लिक्ष्णता देहे तृट्स्वाद्वास्यम् च जायते । Ma. Ni. 33/5

symptoms described by Susruta are adiposity, enlargement of thyroid, lipoma and liposarcoma, medōja sōpha of lips, diabetes mellitus, excessive obesity and perspiration and other similar diseases.[24] The symptoms of obesity described by Caraka should also be added to these. They are diminution of life, lack of agility, difficulty in sexual act, debility, fetor, distressing sweat, excessive hunger and thirst.

Asthivaha Srōtas:

Sites of origin: Adipose tissue and buttocks.[25]

Cause of vitiation: Exercise involving excessive irritation and friction of bones and intake of vata - provoking food i.e. food which produce dhātukṣaya.[26]

Other causes: Injury to the bone and bone infections.

Symptoms of vitiation: Hypertrophy of bones and teeth, atrophy and pain in the bones and teeth, discolouration and pathological conditions of hair on the head, body and face. Other pathological conditions are acute and chronic osteomyelitis, osteosarcoma, cervical rib, acute and chronic arthritis, abnormal calcification or ossification in muscles or tendons, calcaneal spur etc.[27]

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24. ग्रन्तिवृद्धिगलगन्डार्बुदमेदोजौष्ठप्रकोपमधुमेहातिस्थौल्यातिस्वेद–
प्रभृतयो मेदोदोषजा : । S. S. Sū 24/9

25. अस्थिवहानां स्त्रोतसां मेदो मूलं जघनं च । C. S. Vi. 5/8

26. व्यायामात् अतिसंक्षेभात् अस्थनां अतिविघट्टनात् ।
अस्थिवाहीनि दुष्यन्ति वातलानां च सेवनात् । C. S. Vi. 5/16

27. अध्यास्थिदन्तौ दन्तस्थिभेदशऊलं विवर्णता ।
केशलोमनखश्मस्रुदोषाश्चास्थिप्रदोषजा : । C. S. Sū. 28/16

Majjāvaha Sṛōtas:

Site of origin: Bones and joints. The entire nervous system in the body form the related organ.[28]

Causes of vitiation: Crushing, excessive decalcification, injury to and compression of the bone marrow and intake of mutually contradictory food materials.[29]

Other causes: Injuries to the nerves due to fractures or dislocations of bones and joints, spondilitis and infections of the nervous system such as tetanus, gas gangrene, poliomyelitis, meningitis etc. and tumors pressing on the nervous system.

Symptoms of vitiation: Pain in the joints, giddiness, fainting and development of deepseated wounds in the joints.[30] Diseases related to this sṛōtas are all vātavyādhis described by Caraka and mental disorders like unmāda, apasmāra etc.

The pathological conditions related to this sṛōtas are: stroke, meningitis, myelitis; G.P.I., neuritis, glioma.

Sukṛavaha Sṛōtas:

Sites of origin: The testicles and the penis.[31]

Causes of vitiation: Sexual intercourse in improper time, suppression of sexual urge or excessive sexual indulgence; also occurs as a result of surgery, application of kṣāras and

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28. मज्जवहानां स्त्रोतसां अस्थीनि मूलं संधयश्च । C.S. Vi. 5/8

29. उत्पेषात् अत्यभिष्यन्दात् अभिघातात् प्पपीडनात् ।
मज्जवाहीनि दुष्यन्ति विरुद्धानां च सेवनात् ॥ C. S. Vi. 5/18

30. रुक् पर्वणां भ्रमो मूर्च्छा दर्शनं तमसस्तथा ।
अरुषां स्थूलमूलानां पर्वजानां च दर्शनम् । C. S. Sū. 28/17

31. शुक्रवहानां स्त्रोतसां वृषणौ मूलं शेफश्च । C. S. Vi. 5/8

exposure to heat and radiation or cauterisation.[32]

Other factors are diseases like mumps when it produce orchitis, syphilis, gonorrhoea and trauma to testis.

Symptoms of vitiation: A person becomes sterile or impotent or his offsprings become diseased, sterile or impotent, short lived or deformed. There is no likelihood of conception and if conception takes place it is soon aborted or miscarried. The effects of vitiated condition of sukra not only confined to the man affected but also extends to his wife and offsprings.[33]

Pathological conditions related to this srōtas are: orchitis teratism and abnormal hormonal changes in testosteron, oestrogen and G.T.S. hormones.

Ārtavavaha Srōtas:

Sites of origin: Uterus and fallopian tubes;

Organs: Vagina, cervix, uterine ligaments and breasts.[34]

Causes of vitiation:

Imbalance in oestrogen, progesterone, A.C.T.H. and hormones of anterior and posterior pituitary.

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32. अकालयोनिगमनात् निग्रहात् अतिमैथुनात् ।
शुक्रवाहीनि दुष्यन्ति शस्त्राक्षाराग्निभिस्तथा ॥ C. S. Vi. 5/19

33. शुक्रस्यदोषात् क्लैब्यं अहर्षणम् ।
रोगि वा क्लीबं अल्पायु: विरूपं वा प्रजायते ॥
न चास्य जायते गर्भ : पतति प्रस्त्रवत्यपि ।
शुकं हि दुष्टं सापत्यं सदारं बाधते नरम् ॥ C. S. Sū. 28/18-19

34. आर्तववहे द्वे तयोर्मूलं गर्भाशय आर्तववाहिन्यश्च धमन्य : । S. S. Sā 9/12

Symptoms of vitiation:

Various menstrual disorders, inflammatory conditions of genital organs, venereal diseases, leucorrhoea, sterility and pathological conditions which are related to benign and malignant tumors or systs in genital organs.

Mūtṛavaha Sṛōtas:

Sites of origin:-

(According to Susruta) Urinary bladder and penis. (According to Caraka) Urinary bladder and groin.

Organs:

Kidneys, ureters, bladder, prostate in males and urethra.[35]

Causes of vitiation:

Intake of drinks and food and sexual intercourse while having the urge for micturition; suppression of the urge of micturition, in wasting diseases and trauma to the urinary tract. [36]

Other causes of vitiation: Various infections, disorders of the nerves regulating urinary tract.

Symptoms of vitiation:-

Voiding of too much of urine or complete suppression

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35. मूत्रवहे द्वे तयोर्मूलं वस्ति मेढ्रं च । S. S. Sā. 9/12
मूत्रवहानां स्रोतसां वस्तिर्मूलं वंक्षणौ च । C. S. Vi. 5/8

36. मूत्रितोदकभक्ष्यस्त्रीसेवनात् मूत्रनिग्रहात् ।
मूत्रवाहीनि दुष्यन्ति क्षीणस्याभिक्षतस्य च ॥ C. S. Vi. 5/20

of urine; impairment of composition of urine; occasional or frequent passing of thick urine associated with pain.[37]

Other symptoms:

Those of inflammatory conditions, asmari, mutraghata and mūtrakṛcchṛa.

The pathological conditions related to this sṛōtaś are diabetes mellitus and insipidus; strictures of urethra or ureter; nephritis, hydro and pyonephrosis, calculi, ptosis of kidney, rupture of kidney, enlargement of prostate and benign and malignant tumors of the urinary tract such as hypernephroma, nephroblastoma.

Purīsavaha sṛōtas:

Sites of origin:- Large intestine and rectum.[38]

Causes of vitiation:

Suppression of the urge for defecation, intake of food in large quantity, intake of food again before the digestion of the food already taken, agnimandya, weak condition of the body.[39]

Symptoms of vitiation:

Excretion of small quantities of feces with difficulty,

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37. अतिसृष्टमतिबद्धं प्रकुपितमल्पाल्पमभीक्ष्णं वा ।
बहलं सशूलं मूत्रयन्तं दृष्ट्वा . . . . . . C. S. Vi. 5/8
38. पुरीषवहे द्वे, तयोर्मूलं पक्काशयो गुदम् च । S. S. Śā 9/12
39. विधारणादत्यशनादजीर्णाध्यशनात्तथा ।
वर्चोवाहीनि दुष्यन्ति दुर्बलाग्ने : कृशस्य च । C. S. Vi. 5/12

excretion of large quantities of very watery and very scybalous feces accompanied by sound and pain.[40]

The related diseases are: Gudabhraṃśa, atisāra, pravāhika, udāvarta, malāvasthambha and pakvāśayagata vāta.
The pathological conditions are: Appendicitis, ulcerative colitis, bacillary and amoebic colitis, benign and malignant ulcers and tumors of purısavaha srōtas.

Swēdavaha Srōtas:

Mūlasthāna (Sites of origin): Adipose tissue and lōmakūpa.[41]
Organs: Sweat glands.

Causes of vitiation:

Excessive exercise, exposure to excess heat; indulgence in cold and hot things or intake of cold and hot substances without the prescribed order; anger, grief and fear.[42]

Symptoms of vitiation:

Abscence of perspiration and excessive perspiration; roughness or excessive smoothness of the body; general burning sensation and horripilation.[43]

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40. कृच्छ्रेणाल्पाल्पं सशब्दसशूलमतिद्रवमतिग्रथितमतिबहु
चोपविशन्तं दृष्ट्वा . . . . । C. S. Vi. 5/8

41. स्वेदवहानां स्त्रोतसां मेदोमूलं लोमकूपाश्च । C. S. Vi 5/8

42. व्यायामादतिसन्तापात् शीतोष्णाक्रमसेवनात् ।
स्वेदवाहीनि दुष्यन्ति क्रोधशोकभयैस्तथा ॥ C. S. Vi. 5/22

43. अस्वेदनमतिस्वेदनं पारुष्यं अतिश्लक्ष्णतामंगस्य
परिदाहं रोमहर्षं च . . . . । C. S. Vi. 5/8

Diseases related to this srōtas are: jvara, udara, sthaulya, pramēha, kusṭha etc.

Symptoms of vitiated rakta

The rakta vitiated by vāta becomes reddish, non-slimy, foamy and thin; that vitiated by pitta is yellow and black, and it takes a longer time to coagulate because of the inherent heat (pitta); rakta vitiated by kapha is slightly pale in colour, slimy, thready and thick, and that vitiated by more than one dōṣa shares the characteristics of the respective symptoms of all the vitiated dōṣas.[44]

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44. अरुणाभं भवेद्वाताद्विशदं फेनिलं तनु ।
पित्तात् पीतासितं रक्तं स्त्यायत्यौष्णयाच्चिरेण च
ईषत्पाण्डु कफाद्दुष्टं पिच्छिलं तन्तुमद्घनम् ।
संसृष्टलिंगं संसर्गात्त्रिलिंगं सान्निपातिकम् ॥ C. S. Sū. 4/20-21

CHAPTER 12

NIDĀNAPAÑCAKA

Āyurvēda has studied the pathological states of dōṣa, dhātu and mala; their symptoms and their effects on the body. We have dealt with these facts in the first part of this book. In the light of this study Āyurvēda has specified five cardinal topics, known as nidānapañcaka. Which are (1) Nidāna or etiology; (2) Pūrva-rūpa or prodromal signs and symptoms, (3) Rūpa or actual signs and symptoms of the disease or the dōṣas, (4) Upaśaya and anupasaya or trial and error method of treatment adopted for diagnosing a disease and (5) Samprāpti or the actual disease process or the pathology occuring in the body.[1]

When the Āyurvēdic texts were written in ancient times the only available means of diagnosis were the sense organs, i.e. pratyakṣa pramaṇās, and use of logic, i.e. yukti and anumāna pramaṇa. But in the present age of advanced technology several investigatory procedures are available for diagnosis and these come to the help of the pratyakṣa and other pramaṇās. Hence along with performing a clinical examination of the patient and the examination of dōṣa dhātu and mala (with the help of the sense organs) a modern Āyurvēdic physician must utilise the help offered by modern technology. The only important thing that he should bear in mind in this connection is the necessity of correlating the inferences

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1. निदानं पूर्वरूपाणि रूपाण्युपशयस्तथा ।
सम्प्राप्तिश्चेति विज्ञानं रोगाणां पंचधा स्मृतम् । A. H. Ni. 11/2

derived from such investigations with the Āyurvēdic philosophy regarding disease and health.

In actual practice patients often approach an Ayurvedic physician with various reports of modern pathological investigations such as E.C.G., E.S.R., Haemogram, urine analysis, culture reports, biopsy reports etc. They come to the Ayurvedic physician precisely because they do not get relief from the treatment received under other systems of medicine. In such cases, if an Ayurvedic physician does not have a sound knowledge of the modern methods of investigations, or of the effects of the modern medicines, he will neither be able to satisfy his patients nor succeed in making use of modern knowledge for diagnostic purpose.

In this book we have made an attempt to correlate the modern pathological science with the Ayurvedic system based on the study of dōṣa, dhātu and mala. As this is the first attempt of its kind, differences of opinion will naturally arise. But if more and more Ayurvedic scholars start thinking on these lines a better result can be achieved in this correlation.

CHAPTER 13

NIDĀNA-ETIOLOGY

The term 'nidāna' has been used in Āyurvēdic texts in two different meanings: i) Diagnosis of diseases; ii) Etiology of disease. Two types of definitions have also been given to it in 'Mādhava Nidāna' to convey the two different meanings.

The following are the definitions of the first type:

1) a) Nidāna means the name of a disease such as jvara, kāsa and śvāsa.[1]

b) Nidāna means arriving at a definite diagnosis of a disease.[2]

c) Nidāna means arriving at a conclusive diagnosis of a disease after considering and correlating several factors like etiology, symptamatology, pathology and investigations.[3]

These three definitons of nidāna convey more or less the same meaning, i.e. diagnosis.

The following two definitions convey the other meaning, (etiology) of nidāna.

2) Nidāna means the factors responsible for producing

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1. निर्दिश्यते व्याधि : अनेन इति निदानम् । — M. N. 1/4 Madhu
2. निश्चित्य दीयते प्रतिपाद्यते व्याधि : अनेन इति निदानम् । — M. N. 1/4 Madhu
   व्याधिनिश्चयकरणम् निदानम् । — M. N. 1/4 Madhu
3. निदीयते निबध्यते हेत्वादि संबद्धो व्याधि : अनेन । — M.N. 1/4 Madhu.

disease, i.e. etiological factors.[4] According to the above definition any factor which has a tendency or capacity to produce disease can be considered as nidana. But in reality a particular factor does not always produce the same disease in all persons. For example, the intake of curds may produce acute rhinitis (pratiśyāya) in one person while it does not produce any harmful effect in another. Hence curd cannot be taken as nidāna. To overcome this drawback in definition better definition has been given. It is as follows:

A particular factor can be called as nidāna only when it will develop a complete disease process (itikartavyata) in the body either immediately or after a certain period.[5]

Thus we have seen both the meanings of nidāna. In this chapter we will discuss the etiological factors of disease.

Synonyms of nidāna: Nimitta, hētu, āyatana, pratyaya, utthāna, kāraṇa, kartā, samutthāna, kāraka, mūla and yōni.[6] Each synonym carries a different shade of meaning. 1) Nimitta means the factor which initiates the disease process; 2) Hētu-etiology; 3) Āyatana-path of disease; 4) Pratyāya-cause which shows relation to the effect; 5) Utthana and Samutthāna-stimulation of dormant or inactive dōṣas, making them active and vitiated; 6) Kāraṇa-etiology or cause; 7) Nidāna-possibility of arriving at a conclusion or naming the

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4. व्याध्युत्पत्तिहेतु : निदानम् । M. N. 1/4 Madhu

5. सेतिकर्तव्यताको रोगोत्पादक हेतु : निदानम् । M. N. 1/4 Madhu

6. निमित्तहेतुत्वायतन प्रत्ययोत्थान कारणै : ।
निदानमाहु : पर्यायै : A. H. Ni. 1/3.

thing; 8) Kartā- the creator of disease; 9) Kāraka-stimulator or stimulating factor. 10) Mūla-root of disease 11) Yōni-site of origin or creation of disease.

Types or categories of nidāna:

Etiological factors have been classified in different forms by different Ayurvedic authorities or Acaryas. Mainly fourteen types have been described under five different categories.[7]

I) Asātmyendriyārtha samyōga, prajñāparādha and pariṇāma.
II) Sannikrsta. Viprakrṣta, Vyabhicāri and prādhānika.
III) Dōṣahētu, Vyādhihētu and Ubhayahētu.
IV) Vyañjakahētu, Utpādakahētu.
V) Bāhyahētu and Ābhyanatarahētu.

Category I

This category consisting of asatmyendriyarthasamyōga, prajñāparādha and pariṇāma is of prime importance among all etiological factors. Hence we shall deal with them in detail.

Category II

Under this category four types have been described.

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7. चत्वारो व्यभिचारिदूरनिकटप्रधानिकत्वात्, पुन–
स्तेऽसात्म्येन्द्रियार्थयुक्परिणतिप्रज्ञापराधात् त्रिधा
रुक्दोषोभयकारणादपि तथा, द्वौ व्यंजकोत्पादकौ ।
बाह्याभ्यन्तरभेदतोऽपि कथिता हेतो : प्रभेदा अमी ॥ M. N. 1/5 Madhu

They are (i) Sannikṛṣta (ii) Viprakṛṣta (iii) Vyabhicāri and (iv) Prādhānika.

i) Sannikṛṣta hētu (Precipitating cause):

The immediate causative factor of the disease is called sannikṛṣta hētu. Such hētus are mainly responsible for immediate aggravation of dōṣas. Stages of digestion, seasonal variation of dōṣas, daily activities of the individual or vihāra, all these factors cause immediate aggravation of dōṣa; e.g.: at the middle of the day pitta prakōpa and in the morning kapha prakōpa occurs. The peculiar thing is that for the occurrence of this type of aggravation the previous, i.e. the first stage of accumulation, is not required.[8] It is because the caya and prakopa stages remain already prepared in the body and sannikṛṣta hētus or precipitating causes produce immediate aggravation of dōṣas. Hence these causes produce two types of effects. One is that they become responsible for creation of actual disease symptamatology; the second is that they produce aggravation of the symptoms of the already existing disease. For example, a cloudy atmosphere will precipitate attack of tamaka śvāsa (Āsthma) in a susceptible person and also increase the severity of the attack. In short, these etiological factors produce dōṣa-dūṣya-sammūrchna immediately and this leads to a disease. Fluctuations are always observed in the intensity of symptoms like fever, pain etc. in accordance with the diurnal variations, stages of digestion etc.

8. सन्निकृष्टो यथा – नक्तंदिनर्तुभूक्तांशा दोषप्रकोपस्य हेतव : ।
न ते चयादिकमपेक्षन्ते । सन्निकृष्टो ज्वरस्य रूक्षादिसेवा . . . । M. N. 1/5 Madhu

ii) Viprakrsta hētus (Causes of a longer duration):

This type of causes do not produce a disease immediately but their cumulative or delayed effects produce diseases after a certain period. For example kapha accumulated in hēmanta ṛtu produces diseases in vasanta ṛtu.[9] Rudrakōpa (anger of God Śiva) is a viprakṛṣta hētu of jvara (fever).

A keen observation will reveal that these hētus are the really important etiological factors responsible for initiating the development of a disease process. In the absence of these causes, the precipitating causes will not produce a disease by themselves. The action of these causes is two-fold. On the one hand, they create a suitable background by vitiating different dhātus and srōtasas in the body, thereby lowering the tissue resistance (Vyādhikṣamatva). In other words, they produce sthānavaiguṇya in the body. On the other hand, they vitiate the dōṣas causing their gradual accumulation and aggravation. Some hētus are more capable of producing sthānavaiguṇya, some produce only vitiation of dōṣas while some others have a tendency to produce both. The following are examples of these categories.

a) Causes producing sthānavaiguṇya:

i) Carcinogens like tobacco, coal tar and its derivatives, irritants etc. These substances produce disturbance in the tissues where a disease can develop ii) Congested surroundings produce weakness in the respiratory passage which leads to respiratory diseases like rājayakṣma and

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9. विप्रकृष्टो यथा – हेमन्ते निचित : श्लेष्मा वसन्ते कफरोगकृत् ।
...... विप्रकृष्टो (ज्वरस्य) रुद्रकोप : ॥ M.N. 1/5 Madhu

tamakaśvāsa at the end of a certain period. iii) Working in damp surroundings or in water is favourable for the development of āma-vāta (rheumatic arthritis).

b) Causes producing vitiation of dōṣas:

Food products having qualities and actions similar to those of dōṣas and such practices as are favourable for an increase in dōṣas produce their vitiation. Sweet and oily (snigdha) diet and sedentary habits, sleeping at day-time etc. produce vitiation of kapha which in turn creates obesity or diabetes mellitus. (Sthaulya and madhumēha). Similarly in the rainy season pitta gets accumulated in the body, but it results in the development of diseases connected with pitta only in the next season, i.e. sarad ṛtu.

Thus both this type of causes do not produce disease immediately. At the end of a certain period, due to their cumulative effect, diseases are produced.

iii) Vyabhicārihētu:

These hētus are so feeble that they fail to produce disease.[10] 'Vyabhicāra' means behaviour which deviates from the normal practice. Normally, the contact with hētu should produce disease in a body. But in this case, either the vitiation of dōṣa is such that it fails to produce disease or the peculiarities of the dōṣa and dūṣhya are such that their sammūṛchana (inter mixing) cannot occur.

In short, when certain opposing factors are acting against a particular etiological factor, such as time, dūṣyabala

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10. व्यभिचारी यथा – यो दुर्बलत्वात् व्याधिकरणासमर्थ : । M. N. 1/5 Madhu

etc., then under such a condition, that particular cause does not produce a disease. Then it is called a vyabhicāri hētu. But some times this type of hētus also produces diseases at the end of a certain period, in case their strength increases and other conditions become favourable.[11] Therefore they are included in etiological factors.

iv) Prādhānika hētus:

These are fulminating or very strong hētus like different poisons, toxic substances, virulent pathogenic organisms etc. When such etiological factors come into contact with the body, they produce diseases very quickly. This is the case with strongly acting and toxic drugs like mercury, arsenic, certain antibiotics etc. All these are called prādhānika hētus.

Category III

In this category three types have been described, namely Dōṣahētu, Vyādhihētu and Ubhaya hētu.

a) Dōṣahētu:

The factors responsible for increase in dōṣas are called dōṣahētus. Particular rasās are favourable for a particular dōṣa. Hence the use of such rasās in excess will result in the increase of that particular dōṣa. Relationship of rasās with dōṣa can be summed up as follows.[12]

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11. इह खलु निदानदोषदूष्यविशेषेभ्यो विकारविघातभावाभाव
प्रतिविशेषा भवन्ति । यदा ह्येते त्रयो निदानादिविशेषा : परस्परं
नानुबध्नन्ति . . . . न तदा विकाराभिनिर्वृत्ति : . . . . C. S. Ni 4/4

12. तत्राद्या मारुतं घ्नन्ति त्रयस्तिक्तादय : कफम् ।
कषायतिक्तमधुरा : पित्तमन्ये तु कुर्वते ॥ A. H. Sū 1/15

Madhura, Lavaṇa, Amla,	-	increase in kapha.
Tikta, Kaṭu, Kaṣāya	-	increase in vāta.
Kaṭu, Amla, Lavaṇa	-	increase in pitta.

Seasons and climatic or geographical conditions are also similarly favourable to the increase of particular dosas.

Vasanta ṛtu	-	vitiates kapha.
Varṣa ṛtu	-	vitiates vāta.
Sarad ṛtu	-	vitiates pitta.
Damp surroundings	-	vitiates kapha.
Dry and desertlike areas	-	vitiates vāta.
Very hot surroundings	-	vitiates pitta.

b) Vyādhi hētu:

These are specific etiological factors responsible for particular diseases, irrespective of dōṣas.[13] For example mud-eating is specific factor favourable to pāndurōga (anaemia). It is true that mud also vitiates dōṣas and that in turn produces pāndu. In this manner mud having kaṣāya rasa produces vātaja pāndu; that of madhura rasa produces kaphaja pāndu. But ultimately mud creates the same disease and that is pāndu only. Hence it is a specific cause of that disease.

The majority of pathogenic bacteria produce specific diseases only; for example, mycobacterium tuberculosis causes tuberculosis; M.leprae causes leprosy and gonococcus causes gonorrhoea. Hence they may be called as vyādhihētus. Suśṛuta had described a peculiar type of hētu which can be

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13. व्याधिहेतवो यथा – मृद्भक्षणं पाण्डुरोगस्य कारणम् । M. N. 1/5 Madhu

incorporated in this group.[14] He says that certain diseases spread from a patient to other people by the latter's repeated contact with cantaminated objects or with the skin or other organs of the body of the diseased person such as the mouth, sex organs etc. They may also spread through respiration (and also nasal secretions, sputum etc) cantaminated food, contaminated bed spreads and other items of clothing and also contaminated cosmetic articles, flowers etc. Examples of such diseases are leprosy, skin diseases, fever, tuberculosis (sosa), conjuntivitis (netrabhisyanda). Dalhana has included diseases like smallpox in this category.

It is very clear from the above that ancient Acaryas had a definite understanding of the pathogenic organisms and the various modes of their invasion.[15] They have used the term Aupasargika roga to denote such infections or contageous diseases. The following are other examples of specific etiological factors or Vyadhi hetus. Alcohol causes liver disorders, irritants like tobacco, tar derivatives etc. are carcinogens and they produce malignancy.

c) Udhaya hetu:

The term means combined factors. It implies that these factors are responsible for the vitiation of particualr dosas and at the same time they act as specific etiological causes for

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14. प्रसंगात् गात्रसंस्पर्शात् निश्वासात् सहभोजनात् ।
सहशय्यासनाच्चापि वस्त्रमाल्यानुलेपनात् ॥
कुष्ठं ज्वरश्च शोषश्च नेत्राभिष्यन्द एवच ।
औपसर्गिक रोगाश्च संक्रामन्ति नरान्नरम् ॥ S. S. 5/33

15. मसूरिकाश्च रोमान्त्यो ग्रन्थिवीसर्प एव च ।
उपदंशश्च कण्ड्वाद्या औपसर्गिक संज्ञका : ॥ M. N. 49/43 Madhu.

particular diseases, e.g. travel on the animals like camel or elephant accompanied by starvation or under nourishment during the travel causes Vatarakta (rheumatoid arthritis). Here the dependent position of legs vitiates rakta and the travel without proper nourishment causes vata prakopa. Both the causes produce a specific disease, i.e. vatarakta.[16]

Working in damp areas, in a standing or bending position (e.g. washing, fishing etc) causes ámaváta (rheumatic arthritis). Here the act of standing while carrying on the work and the cold surroundings causes vátaprakópa while damp atmosphere causes kaphaprakópa; but both these factors specifically produce amavata and hence these factors can be called Ubhaya hetus.

The knowledge of Dósahetu, Vyádhihetu and Ubhaya hetu is of special importance from the treatment point of view. Susruta says that the capacity of medicines is very limited; any one medicine cannot act against all types of dosadusti as well as against all types of diseases. Some medicines are dosapratyanika in nature, ie. acting against specific dosas: for example, sunthi acts on kapha. Some medicines have special effects on particular diseases; e.g. the effect of sarapunkha on liver diseases. Certain medicines have a dual action, i.e. they act on dosas and also are Vyadhi pratyanika. Susruta further says that it will not always be true to say that a disease can be cured by the removal of the causative dosadusti; a specific treatment against that disease will often be required.

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16. उभयहेतुर्यथा – वातरक्ते, हस्त्यश्वोष्ट्रैर्गच्छतश्चाशनतश्च . . . .

M. N. 1/5 Madhu

Category IV

Two types have been mentioned in this category utpadaka hetu and vyanjaka hetu.

Utpádaka hetu:

Vitiated dosas are the fundamental causes of all diseases. Hence utpadaka hetu means the real causative factors of the accumulation of dosas, because unless there is an excessive accumulation (caya), the precipitating causes will not produce any effect. For example the intake of food substances having madhura rasa and guru and snigdha gunas in hemanta rtu is the factor really responsible for kaphaja diseases.[17]

Vyañjaka hetu:

It is the stimulating, precipitating or aggravating cause. Excessive heat of the sun is the vyanjaka hetu for the diseases due to kapha in vasanta rtu. It is only when kapha has already accumulated in the hemanta rtu, that the prakópa of kapha occurs in vasanta rtu.[18]

Vyañjaka hetus also cause aggravation of the symptoms in an already generated disease; for example, hot spicy food will aggravate the symptoms of amlapitta (hyper acidity); certain factors cause the precipitation of the samprapti

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17. स एव उत्पादकं व्यण्जकभेदाच्च द्विधा ।
तत्रोत्पादको यथा – हेमन्तजो मधुररसः कफस्य । M. N. 1/5 Madhu.

18. व्यंजको यथा – तस्यैव कफस्य व्यंजको वसन्ते सूर्यसंताप : इति
भट्टारहरिचंद्र : । तत्र व्यण्जक : प्रेरक : । M. N. 1/5 Madhu

of a disease; e.g. cloudy weather will precipitate an attack of tamaka svasa (asthma).

A knowledge of utpadaka hetus is vital for avoiding the basic etiological factors causing vitiation of dosas, while that of vyanjaka hetus is useful in preventing the actual formation of diseases by taking care to avoid such factors. Sometimes these vyanjaka hetus are used for trial and error method of treatment employed for diagnosis of diseases, i.e. the upasaya anupasaya method. The factors responsible for aggravation or anupasaya are nothing but vyañjaka hetus.

Category V

Báhya or external and abhyantara or internal factors come under this category.

Bahya hetu:

External factors like food, behaviour, seasons, pathogenic organisms, toxins, poisons etc. are called bahya hetus or extrinsic factors.

Abhyantara hetu:

Vitiated dosas are called intrinsic factors or abhyantara hetus. Really speaking dosas can not be treated as intrinsic factors. Gangadhara, the commentator of Caraka says.[19]

"The causative factors of vitiation of dosas are hetus there is no doubt about it. But that is not the case with the

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19. वातादिधातुवैषम्यं व्याधिं प्रति हि, न दोषादिको हेतु : ।
.... C. S. Ni. 1/3 with Gangadhara Commentary

actually vitiated dosas. They are part and parcel of the disease pathology. Once we remove vitiation the disease also disappears. On the other hand, when we remove the other causes of disease, the disease is not automatically cured. The relationship of dosa with disease is one of unity or indivisibility (Samavayi). Hence dosas can not be treated as hetus'. Thus whenever dosas are called as etiological factors, we mean the factors responsible for vitiation of dosas, in an indirect sense (jahat svartha laksana)

Importance of the knowledge of etiology

A knowledge of etiology or nidana is useful in many ways.

1) For differential diagnosis

When the signs and symptoms of two or more diseases are very extremely identical a precise diagnosis becomes very difficult. In such conditions if we are able to trace out the exact etiological factors, then a definite diagnosis becomes possible. It is because the etiological factors are different for various diseases which have similar symptomatology. For example, there are eight types of udaravyadhis in which ascitis develops in the advanced stage. When the patient reaches this stage, a diagnosis of the specific type of disease becomes difficult as an examination of the abdomen is found to be impossible owing to the presence of ascitic fluid. But if the patient reveals his addiction to drinking alcohol and traces its history, the disease can be definitely diagnosed as yakrtodara (ascitis due to liver damage). Similarly, many skin diseases show similar characters. If a patient having rashes, pustules etc. reveals the history of abnormal sexual contacts or exposure, then a

diagnosis of syphilis can be arrived at. Diagnosis of syphilitic arthritis also can be arrived at on the basis of facts which differentiate it from rheumatic and other types of arthritis.[20]

Limitations:

a) Though a knowledge of etiology becomes helpful in differential diagnosis, there are certain limitations of its own. Caraka has expressed the following opinion on this matter.[21] Certain diseases have a single specific etiological factor. (In such a condition only a differential diagnosis with the help of etiological factor is possible); but that is not always the case. Certain factors are such that any one of them is capable of producing more than one disease; for example, over eating may produce diarrhoea, loss of appetite or pain in the abdomen. On the other hand, certain diseases are caused by the combination of various causes; e.g. general weakness, undernutrition, unhygienic surroundings etc. accompanied by the infection of M.tuberculosis will cause rajayaksma. Hence in such conditions, where the etiological factor is not definite and specific, such factors are not of much help in differential diagnosis.[22]

b) Sometimes a recent etiological factor remains dormant and the disease develops owing to a factor with which the patient came into contact long ago. In such a condition, if

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20. व्याधिपरीक्षायां च सन्देहे जाते यस्य व्याधे : हेतुसेवा दृश्यते,
स परिकल्प्यते; एवमादि हेतुना व्याधिपरीक्षणम् । C. S. Ni. 7/7

21. एको हेतुरनेकस्य तथैकस्यैक एव हि ।
व्याधेरेकस्य बहवो बहूनां बहवस्तथा ॥ C. S. Ni. 8/24

22. Carak a Nidana 1/5 Commentary by Gangadhara.

we consider the recent factor as being responsible for the disease we shall be misguided. Hence Vapyacandra a commentator, has warned us not to rely solely upon etiological factors for a confirmed diagnosis and suggested that the physician should take into account all the factors which come under nidána pancaka, like the prodromal symptoms, signs and symptoms.

2) For avoiding the cause (Nidana parivarjana)

Avoidance of the causative factors is of prime importance in the prevention as well as the cure of diseases. Pro-phylactic treatment is mainly based on this point. It is usually said that 'prevention is better than cure'. Specific immunization against diseases caused by pathogenic organisms has become possible solely because of the identification of the specific causative organisms.

While treating diseases the highest importance should be attached to avoidance of causes responsible for the vitiation of dosas because it will be helpful in breaking the samprapti of disease.

All these things will become possible only if there is a perfect knowledge about the etiological factors.

Even with all its limitations, Nidana ie. knowledge of etiological factors, is extremely helpful to the physician as well as to the patient. It also helps people in general in preventing diseases.

CHAPTER 14

PÜRVARÜPA

Before the actual onset of a disease some symptoms develop and they give clues about the forthcoming disease. Such symptoms are called as prodromal symptoms or purvarupas.

Different definitions have been given to purvarupa in different Ayurvedic texts, each definition emphasising a different point. Finally Madhava nidana formulated a definition which is ideal from the medical point of view.

Let us discuss all the definitions one by one.

1) Prodromal symptoms of a forthcoming disease which do not clarify the peculiarity of the dosa taking part in the samprapti of the disease are called purvarupas. Here these symptoms are few and not clear. [1] (This definition has been given by Vágbhata).

2) Madhava has given the following short definition: Feebly manifested symptoms of the (forthcoming) disease are called púrvarúpas.[2]

3) Only those symptoms which indicate a forthcoming disease are called púrvarúpas.[3]

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1. प्रग्रूपं येन लक्ष्यते .... उत्पित्सुरामयो दोषविशेषेणानधिष्ठित : ।
   लिंगं अव्यक्तमलपत्वात् व्याधीनां तद् यथायथम् ॥ A. H. Ni -1/4
2. अव्यक्तं लक्षणं तस्य पूर्वरूपमिति स्मृतम् । M. N. 1/6 Madhu
3. भाविव्याधिबोधकमेव लिंगं पूर्वरूपं इति । M. N. 1/6 Madhu

In the last definition, the word 'only' eliminates nidana, upaśaya and samprāpti from the definition of pūrvarūpa. For nidāna, upaśaya and samprāpti indicate an existing disease and not a forthcoming one.

One commentator has raised a doubt regarding this definition. He says that sometimes pūrvarūpas also indicate an existing disease. For example raktapitta and pittajaprameha become difficult to differentiate because in both the diseases there is yellow urine containing blood). In such a condition if patient gives the history of pūrvarūpas like muddness of teeth, oiliness of skin etc... which are suggestive of the pre-diabetic state then the existing disease (which yellow urine containing blood) can be confirmed as pramēha. Here these pūrvarūpas indicate an existing disease which is against the definition. The explanation for the above is this: The pūrvarūpas indicate the disease indirectly and not directly. Hence it does not nullify the definition of pūrvarūpa.

4) The best definition is given in Mādhava Nidāna and is as follows:

The symptoms which are produced during the process of sthānasamśraya by vitiated dōṣas (i.e. when samprāpti has not been completed and disease has not been manifested) are called pūrvarūpas.[4]

The peculiarity in this definition is that Mādhava has differentiated specifically the symptoms which appear during the process of dōṣa-dūṣya sammūrchana or sthānasamśraya as

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4. स्थानसंश्रयिणः क्रुद्धा भाविव्याधिप्रबोधकम् ।
दोषाः कुर्वन्ति यल्लिंगं पूर्वरूपं न तदुच्यते ॥ M. N. 1/6 Madhu

purvarupa from the symptoms which appear after the completion of sammurchana as rupas or actual symptoms of the disease.

Types of Púrvarúpa: general and specific.[5]

Samanya (general) Purvarupa:

The symptoms which give a clue regarding the forthcoming disease without giving an idea of the dosas involved are called samanya purvarupa.[6]

E.g.- Fatigue or exhaustion mental dislike (arati) etc. are prodromal symptoms of fever. They suggest that there will be fever after some time. But they will not indicate the dosa because of which fever is produced.

Visesa (specific) Púrvarúpa:

In this type the symptoms, while indicate a disease, also give an idea of the dosa taking part in the disease.[7]

Susruta has explained yawning as a púrvarúpa of vataja jvara, burning of the eyes as a purvarupa of pittaja jvara and lack of taste (aruci) as a purvarupa of kaphaja jvara. Harita has explained yawning, bodyache etc. as purvarupas of vataja jvara.

An important fact that differentiates purvarupa from

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5. द्विविधं हि पूर्वरूपं भवति – सामान्यं विशिष्टं च ।
6. तत्र सामान्यं येन दोषदूष्यसंमूर्च्छनावस्थाजनितेन भाविज्वरादि–
व्याधिमात्रं प्रतीयते, न तु वातादिजनितत्वादि विशेष : ।
यथा 'श्रमोऽरतिर्विवर्णत्वं' इत्यादि .... । M. N. 1/6 Madhu.
7. विशिष्टं यथा – उरःक्षतादौ लिंगान्येव वातादिजान्यव्यक्तानि ।
यदुक्तं तत्रैव – 'अव्यक्तं लक्षणं तस्य पूर्वरूपं इति स्मृतम्' । M. N. 1/6 madhu

rūpa is that the former indicates only a forthcoming disease while the latter indicates only an existing disease. Some of the pūrvarūpas may continue to exist in the actual state of disease. In such conditions, it is said, pūrvarūpas are converted into rūpas. For example yawning which is a pūrvarūpa of jvara may persist in the actual condition of jvara. In that condition it becomes a rūpa. Some Purvarūpas disappear at the stage of becoming rūpas.

Very often pūrvarūpas quite contradictory to rūpas may also appear. For instance sometimes instead of the sensation of heat rigor appears before the onset of fever, similarly constipation occurs before diarrhoea (atisāra).

In Mādhava Nidāna three more types of pūrvarūpa are enunciated.[8]

1) Sārīra pūrvarūpa:

This means prodromal symptoms appearing on the physical level, e.g. lethargy, tastelessness of mouth, yawning, watering or burning of eyes etc.

2) Mānasa Pūrvarūpa:

Symptoms at the mental level; e.g. disinclination for common desires, aversion to elderly relatives who give advice etc.

3) Sārīra Mānasa pūrvarūpa:

This means symptoms on both the levels; e.g. desire

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8. तत्र प्राग्रूपं त्रिधा दृश्यते – 'किञ्चित् शारीरं, किञ्चित् मानसं, किञ्चित् शारीरमानसं च । M. N. 1/5-6 Madhu

for amla (sour) and lavaṇa (salty) rasās and dislike for madhura rasa. Here the desire and the dislike are mental and the requirement or nonrequirement of particular rasās is physical.

Importance of the knowledge of pūrvarūpa.[9]

The efforts of the physician as well as of a patient should be to detect the pathology as early as possible and try to control and cure it. Pūrvarūpas are the best clues regarding the developing pathology or dōṣa-dūṣya sammūrchana. Hence the forthcoming disease, its nature, severity etc. can be diagnosed at an early stage before the actual onset of disease with the help of the pūrvarūpa. Appropriate treatment can be started, immediately and succeed in preventing the disease or atleast in minimising its severity. Hence pūrvarūpas of each disease have been described in the texts.

Pūrvarūpas also indicate the curability or incurability (Sādhyasādhyatva) of the disease. The greater number and severity of pūrvarūpas indicate the gravity or severity of the power of vitiated dōṣas. In such diseases prognosis is difficult or impossible (Kṛchṛasādhya or asādhya).

When the symptoms of actual disease are misguiding, the history of specific pūrvarūpas is helpful in differential diagnosis. For example, in raktapitta and pittaja pramēha red or yellow coloured urine is a common symptom. If there is a history of the pūrvarūpas of pramēha, the disease can be diagnosed as pramēha; otherwise the disease can be confirmed as raktapitta.

9. M. N. 1/6 Madhu.

CHAPTER 15

RUPA

Rūpa means symptoms of the actual manifestation of disease. At this stage dōṣa-dūṣya Sammūrchana would have been completed and the onset of disease would have commenced. The rūpas may change from time to time according to the progress or retrogress of the disease. Certain symptoms may newly appear while some may disappear. Rūpa is the prominent diagnostic key of a disease and hence thorough knowledge of the various rupas of each disease is essential for a physician. Just as in the case of pūrvarūpa, different definitions have given to rūpa by different authors.

1) When symptoms in the stage of pūrvarūpa become fully or clearly manifested they are called rūpas. Samsthāna, vyañjana, linga, lakṣana, cinna and ākṛti are the synonyms of rūpa (Mādhava Nidāna).[1]

Occasional palpitation, pain in the chest and abnormal pulse rate are the pūrvarūpas of hridrōga or heart disease. They suggest the possibility of heart disease. When these mild, vague and occasional symptoms become clear, prominent and regular, they are called rūpas. Pūrvarūpas are not necessary always manifested clearly. Sometimes it is observed that some pūrvarūpas disappear at the stage of the manifestation of the disease. At times even exactly opposite

1. तदेव व्यक्ततां यातं रूपमित्यभिधीयते ।
संस्थानं व्यञ्जनं लिंगं लक्षणं चिह्नमाकृति : ॥ M. N. 1/7

symptoms also may appear as rūpas. For instance, malāvarōdha (constipation) is a pūrvarūpa of the atisāra disease, which disappears afterwards when loose motion starts as the rūpa or symptom of the disease. Therefore the above given definition does not convey the full meaning of rūpa.

2) The clearcut appearance (Svarūpa) of a disease is called rūpa.[2]

According to this definition, the complication of disease, ie. upadrava, also becomes part of rūpa, because upadrava also has a clearcut appearance of its own. Hence this definition covers upadrava also. In order to remove this defect the words utpanna and ēva are used in the next definition (Commentary by Easwarsen).

3) The symptoms of a newly produced (utpanna) disease alone (ēva) constitute rūpa.[3] (It is the symptoms of a newly produced disease which constitute rūpa.)

In this definition the word 'alone' or eva excludes nidana, samprāpti and upaśaya from the concept of rūpa and the word 'utpanna' excludes pūrvarūpa (Commentary by Madhukōśa). Therefore this definition is precise and correct.

4) A disease is produced on the completion of dōṣa dūṣya sammūrchana, and the symptoms of manifestation of such disease are called rūpas.

This is an ideal definition as it explains all the facts relevant to the formation of rūpa. It states that vitiated dōṣas

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2. व्याधे : स्वरूपं यत् व्यक्तं तद्रूपं इति ।

3. उत्पन्नव्याधिबोधकमेव लिंगं रूपं — M. N. Com. by Easwarsen.

are the factors of prime importance. They come in to contact with deformed dúsyas and produce dósa dusya sammúrchana, which causes Vyádhi. Rúpa is the effect of a cause, i.e. 'Sammúrchana', which helps diagnosis. Dosas remain responsible for every symptom or rúpa of a disease as they are the causative factors. Hence rupa indicates the nature of dosadusya sammurchana.[4]

How to differentiate between a symptom and disease:

We have seen that each symptom is produced by vitiated dosa. Therefore when a symptom is produced owing to the specific contact of a dósa with a dúsya, developing its own dosadusya sammurchana, then it is regarded as a separate disease and not as a symptom. But when the symptom is produced as one of these of a sammúrchana which is not of its own, then it is called a rupa and not a disease. Thus each symptom can be a disease when it has its own sammúrchana. The differences between a disease and a symptom are listed in the following table.

Vyádhi or disease	Symptom or Laksana
1) When a symptom indicates a disease which is the symptom itself it is called Vyádhi; e.g. Jvara, atisára etc.	1) When a symptom indicates a disease different from the symptom itself, it is called laksana; e.g. Bahumutrata suggests Prameha, kasa suggests rajayaksma etc.
2) When a symptom itself is a disease it has its own	

4. तथाविधदोषदूष्यसंमूर्च्छनाविशेषो ज्वरादिरूपो व्याधिः ।
तत् कार्यश्च अरुच्याद् : । M. N. 1/7 Madhu.

dōṣa-dūṣya sammūrchana.	2) Symptom does not have its dōṣadūṣyasammūrchana of its own; e.g. Jvara in diseases like grahaṇi rājayakṣma etc
3) Therefore it is called Svatantra or independent.	3) Hence it is dependent on the Vyādhi.
4) Disease requires a specific treatment, i.e. Vyādhipratyanika cikitsa, for the elimination of the symptom which itself is a Vyādhi.	4) Lakṣaṇa does not require Vyādhipratyanika cikitsa, though sometimes particular medicine or other treatment is given for the symptom which is called lākṣanika cikitsa or symptomatic treatment.

Importance of knowledge of rūpa:

As rūpa or symptom gives very valuable information about the disease and its pathology, the knowledge of rupa is important from the following points:

1) Rūpa gives information about vitiated dōṣa and the qualities of its vitiation. For example śūla or pain suggests vāta-dōṣa along with its rūkṣa and śita qualities which are the causes of the symptom. Dāha or burning sensation shows uṣṇa quality and bhēda (rupture) shows the tikṣṇa quality of pitta. Similarly, if symptoms of two or three dōṣas are observed simultaneously it suggests a combination (Samsarga and

Sannipata) of dosas, dual or triple.

2) Rúpa indicates the site of actual pathology in the body. e.g.: Sirahsúla (headache) may suggest a site in the head. Abdominal pain indicates that the site is in abdomen.

3) Confirmation of the disease and its type is also done with the help of rupas e.g.: Kása, amsatápa, jvara, vaisvarya, pársvasúla, sirah súla, chardi, rakta chardi, svasa, aruci and varcobheda. If these eleven symptoms occur together the disease is definitely rajayaksma. For this reason only a group of symptoms taken collectively, can be regarded as disease.[5]

The types of disease like vatajvara, kaphajakasa, urdhvaga raktapitta etc. are determined solely with the help of rúpa.

4) Rúpa is also helpful in differential diagnosis as well as in prognosis. When all the rúpas of a disease appear jointly, the prognosis is considered to be grave (asadhya). Fever, joint pain and oedema on joints are common symptoms of sandhivikrti in upadamsa (gonorrhoea), phiranga (syphilis), krostuka sïrsa (tubercular arthritis) and amavata (rheumatic arthritis); but if there is joint pain and oedema which move from one joint to another, then it is the rupa for the differential diagnosis of ámaváta.

5) As rúpas indicate vitiation of dosa, indirectly they indicate the causes of vitiation also. For example, sakapha

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5. लिंगत्वेनोक्तानां व्याधीनां पृथक् व्याधित्वम् । C. S. Ni. 8/40 Cakra

ज्ञानार्थं यानि चोक्तानि व्याधिलिंगानि संग्रहे ।

व्याधयस्ते तदात्वे तु लिंगानीष्टानि नामया : ॥ M. N. 1/7 Madhu.

kása, a rúpa, indicates kaphadusti and suggests that the patient must have taken such food as will vitiate kapha, hence the physician can advise him to avoid such food.

6) Rúpa is also helpful in deciding the line of treatment, e.g: when there are symptoms of pittaja jvara the medicine will be sútasékhara, parpata etc.; while in the presence of symptoms of kaphaja jvara it will be tribhuvanakïrti etc.

Types of Rúpas:

1) Pratiniyata Laksanas:

These are specific symptoms of particular disease. Pratyátmaka linga and avyabhicári laksanas are its synonyms. These symptoms or rúpas serve as the diagnostic symptoms of a disease. e.g.; Svedávaródha (complete stoppage of perspiration), santápa (increased body temperature) and sarvángagrahana (feeling of tightness all over the body or general body ache) together form the pratiniyata symptoms of fever. Loose motion is the pratiniyata symptom of atisara.

2) Dósaja Laksanas:

These are symptoms produced by (vitiated) dósa. In vátaja kustha the symptoms are khara (husky), rúksa (dry) and todabahula (with intense pain) while in pittaja kustha they are atisveda (excessive sweat), rága (redness) etc.

3) Laksanas according to avastha:

These are symptoms which develop according to the stage or state of disease; e.g. symptoms which appear during

the state of attack and those between the attacks (Vegávastha and avegávastha), symptoms in Samavastha and niramavastha, those in dhátugatávastha etc.

4) Ätura samvedya Laksanas:

They are symptoms which are only felt by the patient. (The word 'symptom' has exactly the same meaning). The physician comes to know these symptoms only when patient tells him about them.; e.g.; pain, fatigue, dryness, burning sensation etc.

5) Vaidyasamvedya Laksanas or Samsthána:

These are signs of disease which the physician can directly observe such as swelling, redness, temperature etc.

CHAPTER 16

UPADRAVA

Upadrava is the complication produced in a disease. As a matter of fact this complication is also a disease with a separate entity. The only fact that has to be borne in mind is that the upadrava develops after the formation of main disease; the etiology of dōṣa remaining the same for the both, e.g.: kaphaja kāsa develops after kaphaja pīnasa (Rhinitis).

Definitions of upadrava

1) Upadrava is a disease produced after the formation of the main disease and is dependent on the main disease whether the upadrava is major or minor.[1]

2) It is a secondary disease or complication, produced by the same dōṣa as is responsible for the formation of main disease. [2]

3) When the main disease has been produced and a dōṣa or dōṣas has become further vitiated owing to abnormal diet, behaviour etc., a secondary disease is superadded and this is known as upadrava.[3]

4) Upadrava is a superadded disease for which the

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1. ऽपद्रवस्तु खलुं रोगोत्तरकालजो रोगाश्रयो रोग एव,
स्थूलोऽणुर्वा रोगात् पश्चात् जायत इति उपद्रवसंज्ञ : । C. S. Ci. 21/4
2. ...... रोगारंभकदोषप्रकोपजन्योऽन्य विकार : । M. N. 1/2 Madhu
3. येन दोषेण प्रकुपितेन रोगः संभवति, तेनैव अपथ्यबललब्धेन
सत : यः, अन्यः रोग : उत्पद्यते स उपद्रव : ।

basic cause, i e. the dōsa responsible is the same as in the main disease.[4]

Thus the important things to be noted regarding upadrava are: i) It is produced after the formation of main disease. ii) The dōṣa responsible for the disease and its complication, i.e. vyādhi and upadrava, is the same. iii) The etiological factors are also usually identical. iv) The main disease is independent (anubandhya) while the upadrava is dependent (anubandha). v) Normally upadrava subsides with the treatment given for the main disease. vi) Though upadrava is caused by the same dōṣa it has its own independent dōṣa-dūṣya sammurchana and samprāpti. Hence the treatments for vyādhi and upadrava are not contradictory to each other.[5] vii) Generally the main disease persists during the course of the upadrava.

Examples of upadrava:

1) Kāsa develops after pratiśyāya: 2) rājayakṣma develops after kāsa. 3) atisāra follows jvara. 4) udara develops after kāmala or kāmala after pāndu. 5) grahaṇi develops after agnimāndya 6) any disease produced by another such as arsa produced after grahaṇi or grahaṇi which

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4. (i) तत्रौपसर्गिको नाम य : पूर्वोत्पन्नं व्याधिं जघन्यकालजातो
व्याधिरुपसृजति, स तन्मूल एवोपद्रवसंज्ञ : । S. S. Sū. 35/18

(ii) पूर्वोद्भवनिमित्तेन योऽपरो जायते गद : ।
तमुपद्रवमित्याहु : अतिसारो यथा ज्वरे । K. S. Sū. 27/57

5. व्याधेरुपरि यो व्याधि : भवत्युत्तरकालज : ।
उपक्रमाविरोधी च स उपद्रव :उच्यते ॥ M. N. 1/2 Madhu

follows arsa or even atisara.[6] 7) svása as upadrava in hrdróga.

Special points regarding treatment of upadrava:

1) As a rule special treatment is not required for upadrava as the causative dosa is common for the disease and its upadrava.

2) Sometimes an upadrava may exhibit a pathology of a more serious or fulminating nature than that of the main disease and in such cases it cannot be cured merely by the treatment given for the main disease. Separate, intensive treatment is required for upadravas of such a type. E.g.: when rájayksma occurs as an upadrava in a disease like pïnasa or kása, there should be greater concentration on treating rájayaksma.

3) In certain conditions the treatments required for the main disease and for the complication may be contradictory to each other and the upadrava or complication may be more serious. In such conditions urgent treatment should be given to check the upadrava. It does not matter even if such treatment increases the main disease for the time being. E.g.: Virecana is the treatment of choice in udaravyadhi especially in its ascitic condition (sajalávastha). But if diarrhoea (atisára) starts in this condition as a complication, it causes serious effects like severe dhatuksaya, rasaksaya etc. In case virecana is continued in such circumstances the condition of the patient will become more serious. Therefore the virecana treatment should be discontinued and measures should be adopted to

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6. अर्शोऽतिसारग्रहणीविकारा : प्रायेण चान्योन्यनिदानभूता : । A. H. Ci. 8/164

control the diarrhoea first by using stambhana or constipating medicines.

For this reason Caraka has divided upadravas into two categories, viz, major and minor (sthula and anu). A major upadrava is one which has powerful (balavaha) pathological effects, and serious symptoms. Such an upadrava must be treated as a case of medical emergency.[7] Hesitation in the treatment of such upadrava will cause major harm to the patient. E.g., If severe pándu (aneamia) is developed in raktapradara, it may produce its own complications like sótha, múrcha etc. Hence pandu must be treated first by giving blood intravenously and by antianeamic medicines like loha.

A minor upadrava is one with a mild pathology and mild symptoms. Such upadravas get cured by the treatment given for the main disease.

Udarka (sequel):

It means the after effects of a disease appearing on the body.[8] E.g.: Cough or weakness which persists even after fever is cured.

Difference between upadrava and vyadhyavastha:

Upadrava has its own samprápti which is different from the samprápti of the main disease. Vyádhyavastha is produced by the changes occurring in vyádhighatakas, samprápti. Secondly vyádhyavasthas like sámávastha,

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7. चिकित्सेत्तूर्णं वा बलवन्तमुपद्रवम् । A. H. Sü. 12/62

8. उदर्क नाम उत्तरकालिनं फलं । M. N.

nirámavasthas etc. are bound to occur in a disease, whereas upadravas may or may not occur.[9] Though both upadravas and vyádhyavasthas are produced by the same dósa, their sites of manifestation and pathology are different. A fact that has to be noted here is that every avastha need not necessarily occur in a disease, e.g. dhátugatávastha will not produced in every case of jvara or kustha.

Vyádhisankara

When two or more different diseases develop at the same time in a patient's body and they are not in any way related to each other, the condition is called vyadhisankara. The etiology of each of these diseases, its dosa samprapti and the dósa taking part in its formation are all different from those of other diseases constituting the vyádhisankara.

Caraka has explained how such vyadhisankara occurs. [10]

1) One disease becomes a causative factor of another disease and then disappears. Such a disease is called ekarthakari, e.g.; pïnasa subsides after the formation of kása.

2) Sometimes the first disease persists after the formation of another. It is called ubhayarthakari. E.g.: Heart disease is produced following rheumatic arthritis and both of

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9. **अवस्था व्याधेरवश्यं भावितया मूलव्याधिस्वरूपा एव,**
उपद्रवस्तु नावश्यं भवति । — **M. N.**

10. **कश्चिद्धि रोगो रोगस्य हेतुर्भूत्वा प्रशाम्यति ।**
न प्रशाम्यति चाप्यन्यो हेतुत्वं कुरुतेऽपि च ।
एवं कृच्छ्रतमा नृणां दृश्यन्ते व्याधिसंकरा : । — C. S. Ni. 8/21-22
ते पूर्वं केवला रोगा : पश्चात् हेत्वर्थकारिण : ।
उभयार्थकरा दृष्टास्तथैवैकार्थकारिण : ॥ — C. S. Ni. 8/20

them persist.

It may be seen from the above examples that the first disease becomes the causative factor of the second disease. Hence it may be pointed out that Caraka has given only three etiological factors asātmyēndriyārtha samyōga, prajñāparādha and pariṇāma and that here instead of these three factors, one disease itself is becoming the etiological factor of another disease. Thus it may be argued that this contradicts Caraka's own statement. The explanation given by commentators is the following :- 1) Three etiological factors have been described only for the sake of broad classification based on common observation. One disease becoming the etiological factor of another is an exceptional case. 2) A disease which becomes responsible for another is also produced by a cause, like asātmyēndriyarthasamyōga, hence the indirect causes of the second disease are also none other than the three main factors. When these three types of hētūs of the first disease become stronger then only they produce another disease.

Examples of vyādhisankara:

The excessive heat produced in the body of a patient having Jvara causes pittaja haemorrhagic diseases, i.e. raktapitta. Jvara and raktapitta cause, śōṣa or wasting of the body tissues like māmsa. Enlargement of spleen causes udara. Udara causes sōtha. Udara, gulma, sūla develop due to arśa (piles). Sleeping during daytime causes pīnasa (rhinitis) and this pīnasa causes kāsa and then rājayakṣma. Rājaykṣma causes śōṣa. Hypertension (vikṣēpabalavṛdhi) causes cerebral thrombosis, haemorrhage or coronary thrombosis Amlapitta produces āntravraṇa (peptic ulcer). Santata jvara causes vraṇa (ulcers) in the small intestines, mēdōrōga produces hṛdrōga or sandhigata vāta.

CHAPTER 17

ARIṢṬA

Certain symptoms produced in diseases suggest the definite death of a patient. Such dangerous and ominous symptoms are called ariṣṭas.[1]

Upadrava has a definite relationship with the dōṣa, the dūṣya and the hētu of the main disease. But ariṣṭa does not exhibit such relationship. Hence the cause and effect principle is not applicable to ariṣṭa. If we observe the various symptoms of arista mentioned in texts it will become clear that they possess some kind of miraculous, divine or supernatural characteristics.

Suśṛuta says that if sudden drastic and abnormal changes occur in the physical and mental constitutions of a patient without any appropriate reason, the physical or mental symptoms produced by such changes may be considered as ariṣṭa.[2]

Suśṛuta observes that a change in the normal body

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1. रोगिणो मरणं यस्मात् अवश्यं भावि लक्ष्यते ।
तल्लक्षणमरिष्टं स्यात् रिष्टं चापि तदुच्यते ॥ Bhava Prakasa.
नियतमरणख्यापकं लिंगं अरिष्टं ।
शरीरशीलयोर्यस्य प्रकृतेर्विकृतिर्भवेत् । MN 1/2 Madhu
तत्वरिष्टं समासेन .... ॥ S. S. Sū 30/3

2. रूपेन्द्रियस्वरच्छायाप्रतिच्छायाक्रियादिषु ।
अन्येष्वपि च भावेषु प्राकृतेष्वनिमित्तत : ।
विकृतिर्या समासेन रिष्टं तदिति लक्षयेत् ॥ A. H. Sā. 5/4-5

constitution, i. e. dōṣapṛakṛti, is an unnatural thing, because the dōṣapṛakṛti of the body is something unchangable till the death of the person.' Therefore, in our opinion, dōṣapṛakṛti starts disintegrating, causing in its turn the disintegration of all the constituents of the body and hence the condition is manifested by drastic symptoms of ariṣṭa. The following are the symptoms: sudden change in body complexion, change in the appearance of sense-organs and in the lustre of the body and change in other manifestations.

Development of ariṣṭa:

When a disease spreads in the ābhyanatara mārga or kōṣṭha, sākha and marmās; when vitiated dōṣas spread all over the entire body; when the disease does not respond to any treatment even to the slightest extent. Ariṣṭa occurs in such conditions.[3]

Ariṣṭa might occur even in persons who are otherwise healthy and in such cases death occurs definitely even if the person is otherwise healthy.

If proper medicine given at a proper stage in proper dosage becomes ineffective, it is also a case of ariṣṭa. In short, eventhough ariṣṭa, usually develops in the incurable or serious conditions of diseases or in a person who is on deathbed due to old age, it may also occur at any age and in any condition of the body if death is inevitable for one reason or other.

3. क्रियापथमतिक्रान्ता : केवलं देहमाप्लुता ।
चिह्नं कुर्वन्ति यद्दोषास्तदरिष्टं निरुच्यते ॥ C. S. I. 11/29

False Ariṣṭa or Ariṣṭābhāsa:

When symptoms similar to ariṣṭa develop in a person and yet he continues to live, then the symptoms constitute ariṣṭābhāsa. They are produced by the sudden fulminating condition of a dōṣa or the serious dhātugatāvastha of a disease.

Symptoms of Ariṣṭa:

1) Abnormality in the auditory sense -(sṛavaṇēndriya–vipṛatipatti:)

When a person suddenly loses the power of hearing, starts believing in the words of enemies, gets angry with friends who offer good advice; when a person hears unspoken words, this condition is known as vipṛatipatti of sṛavaṇēndriya.

2) Abnormality in touch sensation (sparśanēndriya-vipṛatipatti):

Hot things are felt as being cold and vice versa; pain is not felt even when the person is stabbed or subjected to any other wound.

3) Abnormality of vision (Rūpavipṛatipatti):

Feeling the presence of dust or ash on the body when such things are not present; sudden change in complexion and colour.

4) Abnormality in taste (Rasanēndṛiyavipṛaṭipatti).

The sensation that substances have tastes which they do not actually possess.

5) Abnormality in olfactory sensation (ghrānēndriya vipratipati):

Good smell is felt as bad and badsmell as good.

Types of vikṛti in ariṣṭalakṣanas.

1) Lakṣaṇanimitta:

The symptoms produced in this type have no traceable connection with the present life of the concerned person. Hence they are said to be due to the deeds done in previous lives, e.g. formation of figures resembling lotus on the nails.

2) Lakṣyanimitta vikṛti:

In this case the law of cause and effect is applicable. Hence the etiology of such ariṣṭas can be detected, i.e. they are dependent on the factors of nidānapañcaka. Examples of such symptoms:

Suppose in rājayakṣma the lustre of the body is regained but loss of weight continues progressively and quickly. It is taken as ariṣṭa. Similar ariṣṭalakṣāṇas are described with reference to diseases like jvara, raktapitta, gulma, kuṣṭha, pramēha, unmāda, apasmāra etc.

Some lakṣanas have been described organwise. E.g. sudden sensation of looseness in joints; shape of eyeball becoming abnormal; sudden falling of hair and nails; tip of the nose turning to one side.

3) Nimittarūpa vikṛti:

Qualities producing actions which they do not produce

in normal conditions. e.g.; rūkṣa, laghu and śīta qualities relieving vāta instead of aggravating it.

In Indriyasthāna Caraka has explained aristas of nine different types associated with 1) the sense organs and their respective sensations: 2) the organs of the body; 3) mental symptoms and dreams; 4) pūrvarūpas; 5) rūpas; 6) caya and praticāya; 7) the agent or messenger (duta); 8) matters observed by the doctor in the way or street while visiting patient's house; 9) hints suggesting ariṣṭa in the family of the patient.

Certain kinds of aristas indicate immediate death while others suggest death after a period.

Aṣṭamahāgada or eight major diseases:

Caraka, Suśruta and Vāgbhaṭa have described eight important diseases which are incurable and in which the development of ariṣṭas definitely occurs since the nature of the pathology (dōṣadūṣyasammūrchana) is grave in these diseases. The descriptions of some diseases by the three authors are identical while they differ regarding certain other diseases. The following table will clarify this point:

According to Caraka	According to Suśruta	According to Vāgbhaṭa
1) Vātavyādhi	Vātavyādhi	Vātavyādhi
2) Apasmāra	Aśmari	Asmari
3) Kuṣṭha	Kuṣṭha	Kuṣṭha
4) Madhumēha	Pramēha	Pramēha

5)	Udara	Udara	Udara
6)	Rājayakṣma	Arśa	Arśa
7)	Śōtha	Bhagandara	Bhagandara
8)	Gulma	Mūḍhagarbha	Grahaṇi

Suśruta says that if the following complications are produced in these eight mahagadas they are incurable and hence need not be treated:- deterioration of prāṇa and māmsa, breathlessness, thirst, cachexia, vomiting, fever, coma, diarrhoea and hiccup.[4]

4. प्राणमांसक्षयश्वासतृष्णाशोषवमीज्वरै : ।
मूर्छातिसारहिक्काभि : पुनश्चैतैरुपद्रवै : ।
वर्जनीया विशेषेण . . . . । S. S. Su. 33/5

CHAPTER 18

SAMPṚĀPTI

Several etiological factors contributing to diseases and the vitiation of dōṣas attack the body every row and then. Some of them can be avoided by adopting proper precautionary measures while some factors like kāla, kṛmi, dēśa etc. are mostly inevitable. If the body's power of resistance i.e. vyādhikṣamatva is high and the dhātus, srōtasas and agni are functioning well the body fights against the etiological factors successfully, thereby maintaining its health.[1] But if the etiological factors are stronger than the resistive power of the body they vitiate the dōṣa and indirectly the dūṣya also and the process of disease starts. All the stages, from the very contact of the body with hētus to the development of the disease, including all its avasthas are together called the sampṛāpti of the disease. Every fact connected with the process of the disease at its various stages is considered in detail under sampṛāpti. Hence a knowledge of sampṛāpti forms the essence of nidānapañcaka and vikṛtivijñāna. But one can arrive at a thorough knowledge of sampṛāpti only with a sound understanding of the facts explained in the earlier chapters.

The outcome of sampṛāpti, i.e, the disease, is the resultant effect of the war between the factors which fight against the disease and those which produce the disease. When factors like dōṣa, dūṣya, dēśa, bala, kāla, agni, pṛakṛti, age, power of mind, diet and behaviour remain favourable to health they fight against the disease. But when these factors

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1. विरूद्धगुणसंयोगे भूयसऽल्पं हि जीयते । A. H. Sū. 9/23.

are unfavourable they help the formation of disease and also its severity.

A comprehensive description of samprāpti is not available in any single book of ancient Āyurvedic literature. Certain aspects have been described by one author while some other points found in another text. Hence we are discussing the topic with the help of quotations taken from various texts, viz. Caraka, Suśruta, Aṣṭānga hṛdaya, Mādhava Nidāna etc.

In this definition of samprāpti Vāgbhaṭa has emphasised the importance of nature and manner of vitiation of dōṣas as also the nature and manner of its spread inclusive of the role of dhātus and srōtasas. Suśruta stresses the importance of the deformity and vitiation of dhātus and srōtasas. Mādhava and Caraka also attach importance to the same aspect but they stress more on the site of pathology, i.e. the particular organ of the body. A consideration of the ṣaṭkriyākāla given by Suśruta is also necessary while discussing samprāpti. Occurrence of sthānasamśraya followed by the dūṣyasammūrchana (amalgamation with dūṣya) of the dōṣa is of supreme importance in samprāpti. Unless this stage is reached the disease will not be manifested. The stages previous to dōṣadūsyasammūrchana like sancaya, prakōpa and prasara contribute to it and the stages after the occurrence of dosadusyasammurchana like vyakti, bhēda and upadrava are its effects. Sthānasamśraya is the midpoint between the two. Hence a consideration of samprāpti is mainly a consideration of sthānasamśraya. In this process the sthāna is dūṣya. Dōṣa gets lodged (samśraya) in it and causes amalgamation or sammūrchana. We shall therefore consider not the roles of dōṣa and sthāna, i.e. dūṣya and the actual process of sammūrchana.

The role of dōṣa.

1) Nature and manner of vitiation of dōṣa.

Dōṣas become vitiated in various manners. The nature of the formation of a disease changes according to the nature and manner of vitiation. The following points have to be taken into consideration in this context:

i) Etiological factors of vitiation of dōṣas-mildness or severity of the vitiation of dōṣa mainly depends upon the etiological factors. If the factors are strong and many, the vitiation also is strong. The duration of contact is also important in this connection. Contact for a long period is more dangerous than an occasional contact. Regarding āgantu causes like kṛmi (pathogenic organisms) they cause vitiation of various kinds according to their virulence or nonvirulence.

ii) Types of vitiation of dōṣas:

a) Prākṛta and vaikṛta or normal and abnormal; b) Dependent and independent; c) Vitiation of dōṣa similar to the constitution and that of dōṣa dissimilar to the constitution; d) Vitiation pertaining to a tract, and that pertaining to gati; e) Different combinations of dōṣas dual and triple. These have been discussed in detail in the chapter on contributory factors of disease. This knowledge should be applied in samprāpti.

iii) Sāma or nirāma type of dōṣa:

A consideration of this also is essential.

iv) Vitiation and etiological factors:

Vitiation of dōṣa occurs due to aggravation of their

various qualities according to the etiological factors concerned; e.g. overexertion will vitiate vāta by increasing the dry (rūkṣa) quality, while coldness will increase the sita quality. Sour diet will increase the sour quality of pitta, while solar or any other kind of heat will increase the uṣṇa or hot quality of pitta. The formation of samprāpti will differ according to the quality of vitiation.

2) Nature and manner of spread of dōṣas

In the chapter on 'dōṣagati and vyādhimārga we have identified the various tracts along which dōṣas spread, such as kōṣṭha, sākha, marma etc. The presence of dōṣa in kōṣṭha, sākha and marma causes pathological conditions which becomes more and more complicated and serious in that order. It depends on the nature and type of the factor which causes the spread, such as overexertion, sharpness of agni, abnormal food and behaviour, force of vāta etc. If many factors are responsible for the spread it will be quicker and will also proceed towards deeper śākhas like asthi, majja and śukra or even towards marmas like heart and brain. The curability or incurability of samprāpti is related to this factor and hence it is of great importance in diagnosis and prognosis.

Role of Dūṣya

Dūṣyas include dhātus, malas and srōtasas. In the chapter on 'Vyādhi ghātaka' we have fully discussed the nature and the importance of srōtasas as well as the causes and the process of deformity and vitiation of srōtasas and dhātus. Vitiation of dōṣa alone will not produce sammūrchana unless there is a suitable ground in the form of an abnormality and

vitiation of sṛōtas.

The importance of sṛōtas lies in the fact that the same dōṣa can produce different types of diseases according to the sṛōtas or the particular organ, i.e. the site in the body which is affected. When the vitiated dōṣa spreads in the body it gets lodged where there is a deformed and vitiated site in a sṛōtas. Vāgbhaṭa has explained this fact citing the examples of kapha and pitta which produce different diseases according to the nature of the site or sṛōtas and the dhātu concerned.

Vitiation of dōṣa and formation of disease according to the type of site:

Kapha:-

When it becomes lodged in the skin it produces stiffness and whitishness of the skin; it produces pāndu (anaemia) when it is lodged in blood; when lodged in māmsa it produces tumors, cold abscess, heaviness and the sensation of being bound with the wet skin of a dead animal (āṛdra caṛma). When kapha is lodged in mēda it produces obesity or mēdōrōga and pṛamēha; when it enters bones it produces stiffness; whitishness of the eye is caused when it enters majja. When kapha enters śukṛa it causes accumulation of sukṛa, or its obstruction and gurutva in sukra. When it enters siras like the blood vessels, lymphatics etc. it produces stillness in the respective organs. It causes pain in joints when it enters the tendons and ligaments (snāyu) and distention of the abdomen, lack of taste, indigestion etc. when it penetrates mahākōṣṭha.

Pitta:

When pitta affects the skin it causes blisters, small pox

etc. When it enters blood it produces visarpa or erysipelas or burning: in māmsa it causes inflammation or digestion of tissues and gangrene formation; in mēda it produces burning sensation accompanied by excessive thirst and perspiration. When it enters bones it causes excessive burning sensation and yellow colouration in the eyes and nails. When it enters majjādhātu, śukra becomes yellowish with a foul smell. When pitta enters kōṣṭha it causes mada, thirst and burning.

Only a few diseases occurring in different dhātus have been mentioned above. Dōṣas can produce several other diseases also. E.g.pitta in the skin may produce śīta pitta.

Vāta:

Vāta being a formless entity it cannot produce a variety of diseases in each of its sthānas or sites, as kapha and pitta do. Vāta produces vātavyādhi of that particular site or organ. (Various vātavyādhis are mentioned in the chapter on 'Vyādhi'). In the joints it produces sandhi vāta; in majja dhātu kampa (tremors), stambha (stillness) etc. and in māmsa śūla or pain.

In this connection a knowledge of dūṣya vitiation is as important as that of dōṣa vitiation. Profuse vitiation of dōṣa causes serious types of diseases. Similarly when the intensity of the vitiation of dhātu and srōtas increases and when the deeper or more evolved dhātus like asthi, majja and śukra are affected the gravity of the disease also increases. Hence this knowledge is important in diagnosis, prognosis and treatment. Along with the treatment of dōṣas specific treatment is required to correct the vitiated sthāna and to strengthen it.

Sthāna samśraya.

It is a vital stage in the formation of dōṣa-dūṣya sammūrchana. Just like a traveller first takes shelter in a waiting room and then starts activities like cooking, washing etc. the vitiated dōṣas travelling in the body take shelter in dūṣya and then start their activity of sammūrchana.

The same disease may be produced by different dōṣas just because they affect a specific site or sthāna. Suśruta has given a list of such diseases. In the abdomen dōṣas produce gulma, cold abscess (vidradhi), udara (including ascitis), loss of appetite, distention, cholera (viṣūcika), diarrhoea(atisāra) etc. In basti (urinary apparatus) they produce pramēha, calculi, anuria (mūtrāghata), painful or burning micturition (mūtrakṛchra) etc. In rectum and anal canal they cause piles (arśa) and fistula (bhagandara). Similarly they produce hydrocele (vṛddhi) in the scrotum, diseases of ear, nose, throat, eyes, brain etc. in the supra-cervical region, glands, tumors, enlargement of thyroid (galaganda) cold abscess of lymph glands (apaci) etc. in mēdōdhātu, and elephantiasis (ślīpada), rheumatoid arthritis or gout (vāta rakta) etc. in the leg. When dōṣas take sthānasamśraya all over the body, they produce a disease which is manifested on the entire body such as fever, rājayakṣma etc.

Just like dōṣas, hētus like kṛmi, poisons etc. also produce different types of diseases according to the site of sthānasamśraya. E.g.: streptococcus haemolyticus produces bacterial endocarditis or pericarditis in the heart, pneumonia in the lungs and meningitis in the meninges.

Sthānasamśraya is the stage in which dōṣas just start the process of sammūṛchana. In this condition certain symptoms are produced; they are pūṛvarūpas. The specific nature of pūṛvarūpa is mainly due to the sthāna and not due to dōṣas. But when dōṣa dūṣya sammūṛchna is completed, the disease, manifests itself in its full form and in this stage it exhibits the signs and symptoms specific to the particular dōṣa as well as to the disease proper; they are called rūpas.

Dōṣadūṣya Sammūṛchana

Five contributory factors are responsible for the formation of a disease. Dōṣas get lodged in vitiated dūṣyas and produce sthāna-samśraya. Agnimāndya causes improper digestion and produces āma. This āma circulates in the body, produces sama dōṣa and sāma dūṣyas and ultimately causes sṛōtōrōdha. Because of sṛōtōrōdha dōṣas get locked up at a particular site in dūṣya or sṛōtas. The dōṣa and the dūṣya which have already been vitiated by āma enter into complex interaction between themselves. This interaction is called as Sammūṛchana. It is a sort of biochemical reaction. When mercury and sulphur are inter mixed and heated they produce a different substance called parpati which shows different qualities and functions. Similarly a substance produced due to sammūṛchana also possess certain qualities different from those of dōṣa or dūṣya. The greater the strength of vyādhi ghātakas, the more is the intensity of disease pathology. The aim of treatment therefore must be to reduce the strength of dōṣa, agnimāndya, āma and srōtōrōdha, at the same time increasing the strength of dūṣya' i.e. dhātus and sṛōtasas. Maximum attention has to be paid to increase the strength of agni.

An important thing has to be borne in mind in this connection. Though in this definition of samprāpti, Vāgbhaṭa has placed greater emphasis on the vitiation of dōṣas as evident from the line 'yathā duṣṭēna,' he goes ahead and further states yathā cānuvisarpata. The latter half of the ślōka indicates the importance of sthāna. That is why Vāgbhaṭa has described in Aṣṭānga Sangraha various diseases which are caused by the same dōṣa in each of the various sthānas. It may be said that the importance of dōṣa as well as that of sthāna has been acknowledged by all the authors while describing the samprāpti.

Vāgbhaṭa has described samprāpti of five different types. In dealing with these types also equal consideration is given to sthāna and dōṣa.

1) Samkhyā Samprāpti:

It means the system of numbering the different types of disease. This classification into types may be according the dōṣas taking part in the disease like eight types of fever three due to a single dōṣa, three due to the combination of two dōṣas, one due to triple combination of dōṣas and one due to āgantu causes like kāma (intensive sex desire), śōka (grief), fear and pathogens or poisons.

Samkhyā samprāpti is based not only on the type of dōṣa, and their combinations but also on the type of symptoms, the tract of disease or vyādhimārga and the peculiarity of dūṣya. E.g. Six types of śvāsa are listed according to the nature of symptoms. Eight types of udara are identified according to the site and organ such as yakṛtōdara, plīhōdara etc. Hence samkhyā samprāpti is a general classification of diseases.

Vidhi saṃprāpti:

Caraka has mentioned a subtype of samkhyā samprapti, viz, vidhi saṃprāpti. It may be viewed as a system of subgrouping diseases such as the listing of three types of raktapitta or any other disease, based on the nature of prognosis, viz, sukhasādhya (easily curable), kṛchṛa sādhya (difficult to cure) and asādhya (incurable).

2) Vikalpa saṃprāpti:

When more than one dōṣa combine in a disease, the degree of the qualitative and quantitative vitiation of each dōṣa varies from disease to disease, from patient to patient and from time to time (in the same patient). This minute understanding of fractional variations is called vikalpa. Apart from this the variation in the qualities of vitiation of the same dōṣa, such as the vitiation of vāta due to rūkṣa guṇa or śīta guṇa may also be called vikalpa. For example, kalaya (peas) causes vitiation of vāta because of all its qualities, i.e. rūkṣa, laghu and śīta, while a type of sugarcane called as Kāndēkṣu vitiates vāta because of its rūkṣa and śīta qualities only. Wine prepared from sugarcane juice vitiates the rūkṣa quality of vāta. Madhura rasa and buffalo's milk vitiates kapha because of all its qualities.

The qualities of etiological factors like diet, behaviour and climate vitiate the identical qualities of dōṣa. Therefore this minute knowledge of samprapti guides us in regard to the qualities which should be used in treatment. The nature of treatment differs accordingly. Thirteen types of triple combinations of dōṣa have been identified on the basis of the

variations in their vitiation, such as one dōṣa more vitiates than others, two dōṣas more vitiated than the third, and all the three equally vitiated. Six sub types of the first and six sub types of the second type have been identified.

3) Prādhānya Samprāpti:

The samprāpti produced by a major or independent dōṣa is called Prādhānya Samprāpti and that which is caused by a minor or dependent dōṣa is called as apradhāna samprapti. In a duel or triple combination the major dōṣa is mentioned first and the minor one afterwards as in the case of vāta pitta jvara etc. In treatment the major dōṣa must be given greater consideration. In other words the samprapti of svatantra vyādhi is called prādhānya samprāpti while that of paratantra vyādhi is called apradhāna samprāpti. In dvandvaja and tridōṣaja diseases the samprāpti of the prominent dōṣa is called prādhānya samprāpti.

4) Balasamprāpti:

The bala or strength of a disease depends upon whether the nidāna, pūrvarūpa and rūpa are manifested partially or completely. When they appear completely, the bala is greater than when they appear partially.

5) Kāla samprāpti;

It is the samprāpti which confirms the role of a particular dōṣa in a disease, i.e. the bala which produced the disease or increased its intensity with the change in time, like day and night, season and in accordance with the stages of digestion; For example first, second and third parts of night increase kapha, pitta and vāta respectively.

CHAPTER 19

UPAŚAYA - ANUPAŚAYA

A judicious application of (a) drugs (auṣadha), (b) diet (anna) and (c) practices (vihāra), prescribed jointly or severally either antagonistic i) to the cause of disease; ii) to the disease itself or (iii) to both, the cause and the disease, or similar to (iv) the cause of disease, v) to the disease or (vi) to both, the cause and the disease, constitutes upaśaya when it produces relief in the symptoms and anupaśaya when it aggravates the symptoms. It is a trial and error treatment.[1]

There are 42 alternative therapeutic approches arising out of the permutations and combinations offered by this definition. This explains why Āyurvēda does not disapprove of any of the so called 'pathias' and also why it is called 'the mother of medical sciences'. In regard to Homoeopathy (treatment by similars) and Allopathy (treatment by contraries) each may be regarded, in the words of the founder of the former, Hannemann, as the exact opposite of the other. But to Āyurvēda both are acceptable alternative' approaches. Thus both the homoeopathie opium which cures constipation and the allopathic opium which causes it fall within the scope of Āyurvēdic therapeutic measures.

The different types of upaśaya and anupaśaya are described in the following table.

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1. हेतुव्याधविपर्यस्तविपर्यस्तार्थकारिणाम् ।
औषधान्नविहाराणामुपयोगं सुखावहम् ॥
विद्यादुपशयं व्याधे : स हि सात्म्यमिति स्मृत : ॥
औषधादिजनित : सुखानुबन्ध उपशय : । M. N. 1/8 Madhu.

TYPES OF UPASAYA

Types	Ausadha (Medicine)	Anna (Food)	Vihāra (Practice)
Hētuviparīta	Śunti in Śītajvara	Māmsarasa in Vātajvara	Not to sleep at night in case there is an increase in Kapha produced by sleeping at day time.
Vyādhiviparīta	Use of kuṭaja or pāṭha . for stambhana in atisāra, khadira in kuṣṭha and haridra in pramēha	Use of masūra for stambhana in atisāra.	Pravahaṇa in Udāvarta.
Ubhayaviparīta	Daśamūlakvātha in vātaja śōtha, useful for both vāta and śōtha.	Use of buttermilk in Vātakaphaja grahaṇi, specific for grahaṇi and vātakapha.	Wakeful nights (rūkṣa) for day sleep along with fatty food.
Hētuvipari-tārthakāri	Upanāha cikitsa with pittakara uṣṇa dravya in pittaja vraṇa śōpha	Āhāras which producing vidāha in pittaja vraṇa śōpha	Trāsana in vātika unmade
Vyādiviparītār-takāri.	Use of madanaphala in chardi.	Use of milk as a purgative in atisāra.	Stimulating the root of the tongue to create vomiting sensation in the disease chardi
Ubhayaviparī-tārthakāri. (Hētu vyādhi viparītārthakāri)	Use of agaru which is usna for the burns	Use of paiṣṭika madya for madātyaya produced by gaudika madya.	Swimming exercise for ūrustambha which is produced by exertion.

When the auṣadha, anna and vihara given in the above table aggravate the symptoms it is called as anupaśaya.

Importance of Upaśaya:

To arrive at a diagnosis of any disease a specific group of symptoms is essential. But when such group of symptoms is not marked or the symptoms appear in a feeble strength, or do not apper at all; method of trial and error treatment becomes helpful to arrive at a correct diagnosis.

Some symptoms are common to two diseases. If a disease exhibits such a type of symptoms and the symptoms which are helpful for differential diagnosis are lacking, a treatment is given on the assumption that it is a particular disease out of the two possible ones. If that treatment is successful, the provisional diagnosis is automatically confirmed and if the treatment fails it becomes evident that the disease is other than the suspected one, i.e. the second disease. Take the example of a case in which symptoms like malaise, low grade fever, anorexia and jīrṇajvara appear. At the same time symptoms like enlargement of the spleen and previous occurrence of acute fever which are specific for jīrṇajvara as well as symptoms like pratiśyāya and kārśya which are specific for rājayakṣma are absent; hence a differential diagnosis becomes impossible. In these circumstaces if a treatment with siddhaghṛita of gudūchi, kirātatikta etc. gives relief, the disease can be diagnosed as jīrṇajvara and if it fails, the disease naturally rājayakṣma.

Difference between Upaśaya and Cikitsa

When a treatment applying drugs, diet and practices is used for the purpose of diagnosis it is called upaśaya; and when it is continued after the confirmation of the diagnosis it is called cikitsa.